2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

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Entity Name: E-COMB, INC.

Current Principal Place of Business:

360 COLLINS AVENUE
APT. 203
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 398891
MIAMI BEACH, FL 33239

New Mailing Address:

FEI Number: 65-0585934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUES, LUIZ
360 COLLINS AVENUE
APT. 203
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	ZORDAN, CONSTANZA	
Address:	435 W. 43RD STREET	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	D	( ) Delete
Name:	CORTEZ-MEZA, ANA-MARIE	
Address:	1771 PUROX AVE.	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	C	( ) Delete
Name:	REED, STUART	
Address:	1420 PENNSYLVANIA AVE., #302	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	D	( ) Delete
Name:	PORTER-BROWN, WYATT	
Address:	58 NE 92ND STREET	
City-St-Zip:	MIAMI SHORES, FL 33138	
Title:	PED	( ) Delete
Name:	RODRIGUES, LUIZ	
Address:	360 COLLINS AVE #203	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	D	( ) Delete
Name:	GUERTIN, BRIAN	
Address:	P O BOX 190103	
City-St-Zip:	MIAMI BEACH, FL 33119	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	GONGORA, MICHAEL	
Address:	5838 COLLINS AVE., 33A	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	LIEBERMAN, MYRON	
Address:	1602 ALTON RD, #457	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIZ RODRIGUES PED 01/22/2008

Electronic Signature of Signing Officer or Director — Date