2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# P00000034881

Entity Name: ECAD ENTERPRISES, INC.

Current Principal Place of Business:

1044 EAST LAKE DRIVE
POMPANO BEACH, FL 33064

New Principal Place of Business:

1905 NW 49TH AVE.
COCONUT CREEK, FL 33063

Current Mailing Address:

1044 EAST LAKE DRIVE
POMPANO BEACH, FL 33064

New Mailing Address:

1905 NW 49TH AVE.
COCONUT CREEK, FL 33063

FEI Number: 65-0998535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

D'ONOFRIO, EDVALDO C
1044 EAST LAKE DRIVE
POMPANO BEACH, FL 33064

Name and Address of New Registered Agent:

D'ONOFRIO, EDVALDO C
1905 NW 49TH AVE.
COCONUT CREEK, FL 33063

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: EDVALDO C. D'ONOFRIO 04/06/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: D'ONOFRIO, EDVALDO C
Address: 1044 EAST LAKE DRIVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: VPD ( ) Delete
Name: D'ONOFRIO, EDVALDO C
Address: 1044 EAST LAKE DRIVE
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: D'ONOFRIO, EDVALDO C
Address: 1905 NW 49TH AVE.
City-St-Zip: COCONUT CREEK, FL 33063

Title: VPD (X) Change ( ) Addition
Name: D'ONOFRIO, EDVALDO C
Address: 1905 NW 49TH AVE.
City-St-Zip: COCONUT CREEK, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDVALDO C. D'ONOFRIO P 04/06/2004
Electronic Signature of Signing Officer or Director Date