

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90037 032 \*\*\*150.00

<b>DOCUMENT # P00000053435</b>																																											
<b>1. Entity Name</b> ECO CONCEPTS, INC.																																											
<b>Principal Place of Business</b> 2450 NE MIAMI GARDENS DR. SECOND FLOOR NORTH MIAMI BEACH, FL 33180 US		<b>Mailing Address</b> 2450 NE MIAMI GARDENS DR. SECOND FLOOR NORTH MIAMI BEACH, FL 33180 US																																									
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																																									
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. SUITE 100																																									
City & State MIAMI, FL		City & State MIAMI, FL																																									
Zip		Zip																																									
Country		Country																																									
<b>6. Name and Address of Current Registered Agent</b> AUCLAIR, ROLAND 2450 NE MIAMI GARDENS DR. 2ND FLOOR NORTH MIAMI BEACH, FL 33180		<b>7. Name and Address of New Registered Agent</b> Name: OREN, GIL Street Address (P.O. Box Number is Not Acceptable): 2450 NE MIAMI GARDENS DR #100 City: MIAMI FL Zip Code: 33180																																									
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE:  EXECUTIVE VICE PRESIDENT 1/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																																									
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01202004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1014953 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	AUCLAIR, ROLAND	2450 NE MIAMI GARDENS DR., 2ND FL	NORTH MIAMI BEACH, FL 33180	<input checked="" type="checkbox"/>
	TAYLOR-SHARP, KEITH	2450 NE MIAMI GARDENS DR., 2ND FL	NORTH MIAMI BEACH, FL 33180	<input type="checkbox"/>
	BIRKET, NIGEL	2450 NE MIAMI GARDENS DR., 2ND FL	NORTH MIAMI BEACH, FL 33180	<input type="checkbox"/>
	SUPRASKI, LOUIS A	2450 NE MIAMI GARDENS DR., 2ND FL	NORTH MIAMI BEACH, FL 33180	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	Change	Addition
	OREN, GIL	2450 NE MIAMI GARDENS DR., #100	MIAMI, FL 33180	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Taylor-Sharp, Keith	2450 N.E. Miami Gardens Dr., Suite 100	Miami, FL 33180	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Birket, Nigel	2450 N.E. Miami Gardens Dr., Suite 100	Miami, FL 33180	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Supraski, Louis A.	2450 N.E. Miami Gardens Dr., Suite 100	Miami, FL 33180	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Feder, Jeffrey	2450 N.E. Miami Gardens Dr., Suite 100	Miami, FL 33180	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** KEITH TAYLOR-SHARP. 1/29/04 305-937-7456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #