

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90327 008 ***150.00

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1. Entity Name
ECO CONCEPTS, INC.



Principal Place of Business
2450 NE MIAMI GARDENS DR.
SUITE 100
NORTH MIAMI BEACH, FL 33180 US

Mailing Address
2450 NE MIAMI GARDENS DR.
SUITE 100
NORTH MIAMI BEACH, FL 33180 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-1014953

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUPRASKI, LOUIS A ESQ
2450 NE MIAMI GARDENS DR.
2ND FLR
MIAMI, FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPD ☐ Delete
NAME OREN, GIL
STREET ADDRESS 2450 NE MIAMI GARDENS DR. #100
CITY-ST-ZIP MIAMI, FL 33180

TITLE S ☐ Delete
NAME SUPRASKI, MICHELLE
STREET ADDRESS 2450 NE MIAMI GARDENS DR. STE. 100
CITY-ST-ZIP MIAMI, FL 33180

TITLE D ☐ Delete
NAME TAYLOR-SHARPE, KEITH
STREET ADDRESS 2450 NE MIAMI GARDENS DR. STE. 100
CITY-ST-ZIP MIAMI, FL 33180

TITLE D ☐ Delete
NAME SUPRASKI, LOUIS A
STREET ADDRESS 2450 NE MIAMI GARDENS DR, STE. 100
CITY-ST-ZIP MIAMI, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☒ Change ☐ Addition
NAME Gil Oren
STREET ADDRESS 2450 NE Miami Gardens Dr. STE 100
CITY-ST-ZIP Miami, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Yair Oren
STREET ADDRESS 2450 NE Miami Gardens Dr. STE 100
CITY-ST-ZIP Miami, FL 33180

TITLE ☐ Change ☒ Addition
NAME Jerry Hallmark
STREET ADDRESS 2450 NE Miami Gardens Dr., STE 100
CITY-ST-ZIP Miami, FL 33180

TITLE ☐ Change ☒ Addition
NAME Gerry Sohl
STREET ADDRESS 2450 NE Miami Gardens Dr., STE 100
CITY-ST-ZIP Miami, FL 33180

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/07 (305) 937-7456