

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000100598

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: EC LIMITED INC.

## Current Principal Place of Business:

441 VALENCIA AVENUE  
SUITE 1002  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

## Current Mailing Address:

441 VALENCIA AVENUE  
SUITE 1002  
CORAL GABLES, FL 33134 US

## New Mailing Address:

FEI Number: 65-1074948      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE, STE 125  
CORAL GABLES, FL 33146 US

## Name and Address of New Registered Agent:

CISNEROS, MARIA SD  
441 VALENCIA AVE  
1002  
CORAL GABLES, FL 33134 US

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: MARIA CISNEROS

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CISNEROS, EUGENIO  
Address: 441 VALENCIA AVENUE SUITE 1002  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete  
Name: CISNEROS, MARISELA  
Address: 441 VALENCIA AVENUE SUITE 1002  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: CISNEROS, ROGELIO W  
Address: 441 VALENCIA AVENUE SUITE 1002  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete  
Name: CISNEROS, MARIA  
Address: 5114 SOUTHWEST 72ND AVENUE  
City-St-Zip: MIAMI, FL 33155

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: CISNEROS, MARIA  
Address: 441 VALENCIA AVE, SUITE 1002  
City-St-Zip: CORAL GABLES, FL 33134

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA CISNEROS

SD

04/15/2009

Electronic Signature of Signing Officer or Director

Date