2008 FOR PROFIT CORPORATION

FILED Jul 14, 2008 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P01000069475 07-14-2008 90032 009 ***158.75 ECOA INDUSTRIAL PRODUCTS, INC. Principal Place of Business Mailing Address 1000 HIALEAH DR 1000 HIALEAH DR HIALEAH, FL 33010 HIALEAH, FL 33010 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7700 NW 74th AVENUE <u>7700 NW 74th AVE</u> Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 07082008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For **MEDLEY** FLORIDA 65-1122893 MEDLEY **FLORIDA** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33166 MIAMI/DADE 33166 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KONOP, STEVE W KONOP, STEVE Syect Address (2.2) Flox Number is Not Acceptable) 914 SE 11TH STREET DEERFIELD BEACH, FL 33441 City MEDLEY 33166 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, typied or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 12, 2008 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Delete TITLE ☐ Addition RILEY, KEVIN PRES. NAME KILEY, KEVIN PRES. STREET ADDRESS 1000 HIALEAH DRIVE STREET ADDRESS 7700 NW 74th Ave, MEDLEY, FL 33166 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33010 X Change ☐ Delete TITLE Addition KONOP, STEVE CEO MANAF KONOP, STEVE CEO 1000 HIALEAH DRIVE STREET ADDRESS STREET ADDRESS 7700 NW 74th AVE, MEDLEY, FL 33166 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33010 TITLE Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 supplied ental 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 it 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 of the corporation or the changed, or on an attack like empowered with all other

SIGNATURE: