# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # P01000111120

1. Entity Name
EGC INTERNATIONAL CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 3260 NW 23RD AVE #1400 E<br>POMPANO BEACH, FL 33069 US | 3260 NW 23RD AVE #1400 E<br>POMPANO BEACH, FL 33069 US |

03212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-1159002
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

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

U00000276270
03/25/05-80032-007 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DP |
| NAME | SOSA, ARNALDO G |
| STREET ADDRESS | 3260 NW 23RD AVE #1400 E |
| CITY-ST-ZIP | POMPANO BEACH, FL 33069 |
| TITLE | SD |
| NAME | DE LECA, MANUEL |
| STREET ADDRESS | 3260 NW 23RD AVE #1400 E |
| CITY-ST-ZIP | POMPANO BEACH, FL 33069 |
| TITLE | VD |
| NAME | DA SILVA, JUAN |
| STREET ADDRESS | 3260 NW 23RD AVE #1400 E |
| CITY-ST-ZIP | POMPANO BEACH, FL 33069 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** MANUEL DE LECA 3/21/05 (954) 979-5510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #