
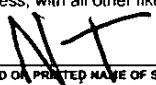


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90196 009 \*\*\*150.00

<b>DOCUMENT # P01000114690</b> 1. Entity Name <b>ENERGY CONTROL SYSTEMS U.S.A., INC.</b>					
Principal Place of Business <b>7542 NW 70TH STREET MIAMI, FL 33166</b>			Mailing Address <b>7542 NW 70TH STREET MIAMI, FL 33166</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>69-0004217</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>CASADO, CESAR O 7542 NW 70TH STREET MIAMI, FL 33166</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>NADIA TOLEDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7542 NW 70 ST</b> City <b>MIAMI</b> FL Zip Code <b>33166</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.					
SIGNATURE _____ <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> <del>ARCHIVED 2007 FEE IS \$550.00</del>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>CASADO, OCTAVIO G</b> <input checked="" type="checkbox"/> Delete <b>NO UE 993 QTA OC5Y CALLE 12 URB LAS VILLAS</b> <b>ESTADO ANZOATEGUI VENEZUELA,</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NADIA TOLEDO</b> <b>7542 NW 70 ST</b> <b>MIAMI FL 33166</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>CASADO, CESAR O</b> <b>7542 NW 70TH STREET</b> <b>MIAMI, FL 33166</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>04-11-09</b> <b>305-8858910</b> <small>Date Daytime Phone #</small>		