
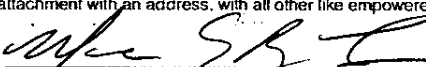


FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90066 042 ***150.00

DOCUMENT # P01000116426				Jan 09, 2004 8:00 a Secretary of State 01-09-2004 90066 042 ***150.00					
1. Entity Name ECOLOGICAL MANAGEMENT CORPORATION									
Principal Place of Business 6001 SOUTHWEST 94TH AVE MIAMI, FL 33173		Mailing Address 6001 SOUTHWEST 94TH AVE MIAMI, FL 33173		 01072004 Chg-P CR2E034 (10/03)		4. FEI Number 65-1159135		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business		3. Mailing Address				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent MCCORMICK, ARHTUR F IV 7550 RED ROAD STE 203 SOUTH MIAMI, FL 33143				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D LEON, MARIA E 6001 SOUTHWEST 94TH AVE MIAMI, FL 33173 <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		
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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 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: 				1-7-04 305-477-7497 Date Daytime Phone #					