

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90065 001 \*\*\*272.50

**DOCUMENT # P02000004698**

1. Entity Name

ECUMENICAL MANAGEMENT SERVICES, INC.



Principal Place of Business

2038 NW 5TH PLACE  
MIAMI FL 33127

Mailing Address

2038 NW 5TH PLACE  
MIAMI FL 33127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0570166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RICARDO, RAUL~~  
~~1840 W 48TH ST, SUITE #220-1~~  
~~HALEAH FL 33012~~

Name **Tatiana A. Pina**

Street Address (P.O. Box Number is Not Acceptable)

**16349 N.W. 57th Ave.**

City **Miami**

**FL**

Zip Code **33014**

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 **Tatiana A. Pina**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/3/06**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **MCINTYRE, VINCENT**  
STREET ADDRESS **553 NE 75TH ST**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☒ Delete  
NAME **HESTER, BILLY T**  
STREET ADDRESS **2343 NW 52ND ST**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Delete  
NAME **JOHNSON, THEDFORD JR**  
STREET ADDRESS **2351 W 4TH CT**  
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **D** ☐ Delete  
NAME **WHITE, MAREETA**  
STREET ADDRESS **6257 NW 18TH AVE**  
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **D** ☐ Delete  
NAME **GREYSON, MARCIA C**  
STREET ADDRESS **5136 BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2.3.06 305.803.8060**

Date

Daytime Phone #