

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000013083

1. Entity Name
E-CORPSYS, INC.



Principal Place of Business
9715 W. BROWARD BLVD., SUITE 139
PLANTATION, FL 33324

Mailing Address
9715 W. BROWARD BLVD., SUITE 139
PLANTATION, FL 33324



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4490974

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DAVID E
9715 W. BROWARD BLVD., SUITE 139
PLANTATION, FL 33324

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000146437
05/03/04-80064-018 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS MEYER, PAUL 9715 W BROWARD BLVD STE 139 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, DAVID E 9715 W. BROWARD BLVD., SUITE 139 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WAN, HON MING 9715 W. BROWARD BLVD., SUITE 139 PLANTATION, FL 33324
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E JOHNSON

4/21/2004

Date

Daytime Phone #