2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000027397



FILED Feb 25, 2008 08:00 AM Secretary of State

1. Entity Name ERTECH INTERNATIONAL				
Principal Place of Business	Mailing Address			
2169 W 73RD ST. HIALEAH FL 33016	2169 W 73RD ST. HIALEAH FL 33016			

2169 W 73F HIALEAH F										
Principal Place of Business - No P.O. Box # 3. Mailing Address				1 8 18	DILAM EEF GANNA NIMIF DANN	MAIII ARXE MUSIA IIDII	 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)					
City & State		City & State	City & State		4. FE! Numb	mber 04-3621974		J	Applied For Not Applicable	
Zıp	Country	Z ₁ p	Country		5. Certificate	e of Status Desire		\$8.75 A	dditional	
	6. Name and Address of Currer	t Registered Agent	1		7. Name and	d Address of Ne				
DREYFUSS, KENNETH 2163 W 73RD ST. HIALEAH FL 33016			ļ	Name Street Address (P.O. Box Number is Not Acceptable)						
			Cit	······································			FL	Zip Ci	ode	
signature	spanned entity submits this statement tions of registered agent. Square, upod or mind agent and find the statement agent. ILE NOW!!!-FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.0 k Payable to Florida Department	Turritie Parpisesio. ACT		ce or registered		9. Election Car	DATE	ng \$:	5.00 May Be	
10.	OFFICERS AN	a a bad de	11.		ADDITIONS	/CHANGES TO C	DEFICERS AND	DIBECTO)RS IN 11	
TITLE NAME	PSD GONZALEZ, CESAR 2169 W 73RD ST. HIALEAH FL 33016	□ Durete	TITLE NAME STREET ADD CITY-ST-ZE			00000 02/29/08		Change	Addition	
TIPLE NAME STREET ADDRESS CITY-ST-71P	VTD DREYFUSS, ERIC R 2169 W 73RD ST. HIALEAH FL 33016	□ Develo	TITLE NAME STREET ADDI	iess 22				☐ Changa		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Da-ete	TITLE NAME STREET ADDI CITY- ST- ZIF					Change	e 🔲 Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP		□ Derete	TIFLE HAME STREET ADDI CITY-ST-ZIF	i£SS	,,,			☐ Change	e 🔲 Addition	
TITLE HAME STREET AODRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDI CITY-ST-ZIF	ESS				Change	: Addition	
TITLE NAME SIREET AUDRESS 1-ZIP		☐ Deleje	TITLE NAME STREET ADDI CITY ST ZIP	ESS				☐ Change	: Addition	

12. Thereby certify that the information subclied 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 changes, or on an attachment with an address, will all other like empowered.

SIGNATURE:

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR