


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90142 015 \*\*\*150.00

**DOCUMENT # P03000042599**  
 1. Entity Name  
**EEE DUCTWORKS, CORP**



Principal Place of Business      Mailing Address  
**255 SW 77 AVE**      **7420 W 20 AVE**  
**MIAMI, FL 33144 US**      **APT 454**  
**7420 W 20th. Avenue #454**      **HIALEAH, FL 33016 US**  
**Hialeah, Florida 33016**



03082005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

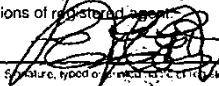
4. FEI Number      Applied For  
**56-2371132**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**ESCOBAR, ERIC I**  
**255 SW 77 AVE**      **7420 W 20 Avenue #454**  
**MIAMI, FL 33144**      **Hialeah, Florida 33016**

**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:       DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

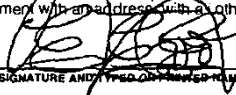
9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>ESCOBAR, ERIC I SR</b>
STREET ADDRESS	<b>255 SW 77 AVE 7420 W 20th. Avenue</b>
CITY - ST - ZIP	<b>MIAMI, FL 33144 Hialeah, Florida 33016</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 an other like empowered.

SIGNATURE:       Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR