
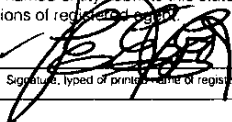
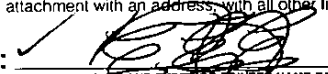


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90050 030 ***150.00

DOCUMENT # P03000042599			
1. Entity Name EEE DUCTWORKS, CORP			
Principal Place of Business 7420 W 20TH AVE #454 HIALEAH, FL 33016 US		Mailing Address 7420 W 20 AVE APT 454 HIALEAH, FL 33016 US	
2. Principal Place of Business - No P.O. Box # 11718 S.W. 113th TERR		3. Mailing Address 11718 S.W. 113th TERR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI- FL.		City & State MIAMI- FL.	
Zip 33186		Country US	
Zip 33186		Country U.S.	
6. Name and Address of Current Registered Agent ESCOBAR, ERIC I 7420 W 20 AVE #454 HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11718 S.W. 113th TERR. City MIAMI FL Zip Code 33186	
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 4-10-08	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 P	<input type="checkbox"/> Delete	TITLE P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ESCOBAR, ERIC I SR		NAME ESCOBAR, ERIC I. SR	
STREET ADDRESS 7420 W 20TH AVE, # 454		STREET ADDRESS 11718 S.W. 113th TERR.	
CITY-ST-ZIP HIALEAH, FL 33016		CITY-ST-ZIP MIAMI- FL. 33186	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Date 3-14-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 305 224 3115	

40068095



03042008 Chg-P CR2E034 (12/06)

4. FEI Number 56-2371132 Applied For Not Applicable

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