

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90404 018 ***150.00

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1. Entity Name
EECO JACK SERVICE, INC.



Principal Place of Business

2445 W 80TH ST #1
HIALEAH, FL 33016

Mailing Address

2445 W 80TH ST #1
HIALEAH, FL 33016

DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
55-0831531

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONZON, EMILIO F
2445 W 80TH ST #1
HIALEAH, FL 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 _____

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

(NOTE: Registered Agent signature required when resetting)

DATE _____

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 PD
NAME MONZON, EMILIO
STREET ADDRESS 3425 COLLINS AVE., #914
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE STD
NAME MONZON, EMANUEL
STREET ADDRESS 3425 COLLINS AVENUE #914
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

EMILIO MONZON

4/27/05 305-3626661
Date Daytime Phone #