2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005
Secretary of State

DOCUMENT# P03000111336

Entity Name: EASTMAN COOPER & HIRSH, INC.

Current Principal Place of Business:

1111 BRICKELL AVENUE
SUITE 1117
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1111 BRICKELL AVENUE
SUITE 1117
MAIMI, FL 33131 US

New Mailing Address:

4349 CORAL SPRINGS DRIVE
CORAL SPRINGS, FL 33065 US

FEI Number: 22-3898446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAFRENIERE, HENRY C MR.
4349 CORAL SPRINGS DRIVE
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LAFRENIERE, HENRY C MR.
Address: 4349 CORAL SPRINGS DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: CFO ( ) Delete
Name: LAFREINERE, HENRY C MR
Address: 4349 CORAL SPRINGS DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP ( ) Delete
Name: POVEDA, MARIA G MS
Address: 200 178TH DRIVE #508
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: SECT ( ) Delete
Name: POVEDA, MARIA A MS
Address: 1965 NE 135TH STREET
City-St-Zip: NORTH MIAMI, FL 33181 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY C. LAFRENIERE P 05/13/2005

Electronic Signature of Signing Officer or Director Date