

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000046802

FILED
Jan 18, 2007
Secretary of State

Entity Name: ECI SERVICES INC.

Current Principal Place of Business:

1953 NW 22ND ST
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

18520 NW 67AV
246
MIAMI, FL 33015

New Mailing Address:

FEI Number: 20-0884686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2588 SW 27 AVE
MIAMI, FL 33133 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ACOSTA, GUILLERMO PRESIDE
Address: 1953 NW 22 ST
City-St-Zip: MIAMI, FL 33142

Title: VP-S () Delete
Name: REANO, ANA M VP-SECR
Address: 1953 NW 22ND ST
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: SALAS, FELIX DIR
Address: 18520 NW 67 AVE SUIT 246
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: VACANT, NA DIR
Address: NA
City-St-Zip: NA, FL 33142

Title: D () Delete
Name: VACANT, NA DIR
Address: NA
City-St-Zip: NA, FL 33142

Title: D () Delete
Name: VACANT, NA DIR
Address: NA
City-St-Zip: NA, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SUCCAR, BLANCA PRESIDE
Address: 1953 NW 22 ST
City-St-Zip: MIAMI, FL 33142

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

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

Title: D (X) Change () Addition
Name: ACOSTA, GUILLERMO DIR
Address: 18520 NW 67 AV 246
City-St-Zip: MIAMI, FL 33015

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 Chapter 119, 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: FELIX SALAS

DR

01/18/2007

Electronic Signature of Signing Officer or Director

Date