

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000062619

1. Entity Name
ECOMIA, INC.



Principal Place of Business

1395 E 11TH AVE
HIALEAH, FL 33010

Mailing Address

1395 E 11TH AVE
HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE

FILED

06 AUG -9 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1722877

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTES, RAUL
1395 E 11TH AVE
HIALEAH, FL 33010

**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 reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
MONTES, RAUL
1395 E 11TH AVE
HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

70007857025
08/10/06--01014--001 **450.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 JUL 06

Date

305.887.1000

Daytime Phone #

20 8/10