

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90275 043 ***158.75

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04202005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000083959					
1. Entity Name EVENT CONTROL, INC.					
Principal Place of Business 751 NE 75TH STREET MIAMI, FL 33138			Mailing Address 751 NE 75TH STREET MIAMI, FL 33138		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1207595	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IGLESIAS, JORGE 3050 BISCAYNE BLVD. 201 MIAMI, FL 33137				7. Name and Address of New Registered Agent Name Rachel Badilla Street Address (P.O. Box Number is Not Acceptable) 751 NE 75th St. City Miami, FL Zip Code 33138	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY - ST - ZIP	P BADILLA, RACHEL 751 NE 75TH STREET MIAMI, FL 33138	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Rachel			Date 4/25/05 3057585705		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		