

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90054 015 ***150.00

40001364



DOCUMENT # P04000162747 1. Entity Name ECA MANAGEMENT, INC.					
Principal Place of Business 330 SAN MARCO DRIVE FORT LAUDERDALE, FL 33301			Mailing Address 330 SAN MARCO DRIVE FORT LAUDERDALE, FL 33301		
2. Principal Place of Business - No P.O. Box # Suite Apt # etc.		3. Mailing Address PO Box 030070 Suite Apt # etc.			
City & State Zip		City & State Fort Lauderdale, FL Zip 33303-0070		4. FEI Number 59-3790497	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ASCIONE, DON 330 SAN MARCO DR FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PVST ASCIONE, DON 330 SAN MARCO DRIVE FORT LAUDERDALE, FL 33301		<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 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 in an attachment with an address with all other like empowered.					
SIGNATURE: _____ 1/4/2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					