


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90115 002 ***150.00

DOCUMENT # P05000085173 1. Entity Name ECHO PLASTICS, INC.					
Principal Place of Business 1801 GREEN ROAD POMPANO BEACH, FL 33064			Mailing Address P.O. BOX 4489 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3808398	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGEL, LARRY 800 W. CYPRESS CREEK ROAD 470 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name LEGEL, LARRY Street Address (P.O. Box Number is Not Acceptable) 800 W. CYPRESS CREEK ROAD, #465 City FORT LAUDERDALE FL Zip Code 33309		
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 <u><i>Larry Legel</i></u> LARRY LEGEL DATE <u>4-21-8</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD GARDNER, ANTHONY 1801 GREEN ROAD POMPANO BEACH, FL 33064 <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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Anthony B Gardner</i></u> AB GARDNER PRES <u>4-21-8 954 493 8900</u> <small>SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					