


2006 FOR PROFIT CORPORATION ANNUAL REPORT

7/1

FILED
Aug 01, 2006 8:00 am
Secretary of State

07-11-2006 90027 027 ***158.75

DOCUMENT # P05000099376					
1. Entity Name EAST COAST HURRICANE SYSTEMS INC					
Principal Place of Business 4065 PINELLA CIR.M, UNIT 533 PALM BEACH GARDENS, FL 33410 US			Mailing Address 4065 PINELLA CIR.M, UNIT 533 PALM BEACH GARDENS, FL 33410 US		
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 42-1674432	
				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			7. Name and Address of New Registered Agent		
REYES, CLAUDIO 4065 PINELLA CIR.M, UNIT 533 PALM BEACH GARDENS, FL 33410			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 <u>Claudio Reyes</u> Claudio Reyes <u>7/5/6</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P... REYES, CLAUDIO 4065 PINELLA CIR.M, UNIT 533 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER GONZALO Reyes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4065 Pinella Cir 533 PALM BEACH GARDENS FL 33410		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RONDON, ARNOLD 4065 PINELLA CIR.M, UNIT 533 PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>Claudio Reyes</u> Claudio Reyes <u>7/5/6</u> 561-262-9262			Date Daytime Phone #		