


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90075 028 ***150.00

DOCUMENT # P05000122366

1. Entity Name
E & C PROCESSING SERVICES CORP.



Principal Place of Business Mailing Address
5612 SW 164 PL **5612 SW 164 PL**
MIAMI, FL 33185 **MIAMI, FL 33185**

2. Principal Place of Business 3. Mailing Address
5612 SW 164 PL. **5612 SW 164 PL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
MIAMI FL **MIAMI FL**
 City & State City & State
33193 **33193**
 Zip Country Zip Country



02132006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
1-20-033 2945 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REGA, ELBA
5612 SW 164 PL
MIAMI, FL 33185

7. Name and Address of New Registered Agent

Name **REGA ELBA**
 Street Address (P.O. Box Number is Not Acceptable)
5612 SW 164 PL.
MIAMI
 City **FL** Zip Code **33193**

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]* DATE **2/13/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	REGA, ELBA	
STREET ADDRESS	5612 SW 164 PL	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	REGA, CAUDIDO	
STREET ADDRESS	5612 SW 164 PL	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	REGA, CANEL	
STREET ADDRESS	5612 SW 164 PL	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REGA ELBA	
STREET ADDRESS	5612 SW 164 PL	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REGA CANDIDO	
STREET ADDRESS	5612 SW 164 PL	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REGA CANEL	
STREET ADDRESS	5612 SW 164 PL	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* DATE: **2/13/06** DAYTIME PHONE #: **305-386-5507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #