2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P05000122366			Se Si	03-13-2006 90075 028 ***150.00
1. Entity Name E & C PROCESSING SERVICES CORP.				
Principal Plac	e of Business	Mailing Address		
5612 SW 16 MIAMI, FL 3		5612 SW 164 PL Miami, Fl 33185		
	lace of Business 2 S W 164-PL.	3. Mailing Address SUZ SW10	EUPC	
Suite, Apt.	#, etc. DMi FL	Statz SWIE Suite, Apt. #, etc. MIAMI	FL:	.` 02132006 Chg-P CR2E034 (11/05)
City & Stat		City & State	3	4. FEI Number Applied For Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired 5. Status Desired Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
REGA, EL	BA		Name .	KELA ELBA
5612 SW 164 PL Street Address MIAMI, FL 33185				ucress (P.O. Box Number is Not Acceptable)
10112 (1011 ₁ 1 L	33103		M	1/An11' -
į.			City	FL Zip Code 3 3/9 3
	named entity submits this statement for ions of registerac agent.	the purpose of changing its r	egistered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE TO Signature, typed or printed name of registed agent; and take if applicable (NOTE Registered Agent on a supered when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution				
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	REGA, ELBA	🔀 Delete	TITLE NAME	RETA ELBA OF Change Phydition
STREET ADDRESS CITY-ST-ZIP	5612 SW 164 PL MIAMI, FL 33185		STREET ADDRE	5612 5W 164 PC 33193
TITLE	V	Ø Delete	THTLE	DEGA CANDIDO Change Addition
NAME STREET ADDRESS	REGA, CAUDIDO 5°12 SW 164 PL		NAME STREET ADDIRESS	RE4A CHNOIDO
CITY-ST-ZIP	MIAMI, FL 33185		CITY-SI-ZIP	MIAMI, FL 33/93
TITLE NAME	T REGA, CANEL	∫Z D elete	TITLE NAME	TREZA CANEZ Change MAddition
STREET ADDRESS	5612 SW 164 PL		STREET ADDRESS	56/2 SW 164 PL 33193
CITY-ST-ZIP	MIAMI, FL 33185	□ Palata	CITY-ST-ZIP	Migmi, Fe 3319
NAME		☐ Delete	111LE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST ZIF]
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP		•	CITY-ST-ZIP	
TITLE NAME		Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDINES	
CITY-ST-ZIP			CHY-ST ZIP	
12. Thereby certify that the information supplied with this filling 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.				
V CANALLIAGE 12/20/2011				
SIGNATURE: 3 9000 9 000 000 000 000 000 000 000 00				