


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90203 002 \*\*\*158.75

<b>DOCUMENT # P06000009074</b> 1. Entity Name <b>E.C.E. TRAINING, INC.</b>			
Principal Place of Business <b>761 E. COCO PLUM CIRCLE #2 PLANTATION, FL 33324 US</b>		Mailing Address <b>761 E. COCO PLUM CIRCLE #2 PLANTATION, FL 33324 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5818 NW 80 Terrace</b>		3. Mailing Address <b>5818 W 80 terrace</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Parkland FL</b>		City & State <b>Parkland FI</b>	
Zip <b>33067</b>		Zip <b>33067</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-4178169</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PILLIER, BEATRIZ 761 E. COCO PLUM CIRCLE #2 PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>5818 W 80 terrace</b> City <b>Parkland FI</b> State <b>FL</b> Zip Code <b>33067</b>	
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 <b>Beatriz Pillier</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/18/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PILLIER, BEATRIZ 761 E. COCO PLUM CIRCLE, #2 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 5818 W 80 terrace Parkland FI 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PELAEZ, GUSTAVO LEON 616 S.W. 130TH TERRACE DAVIE, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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
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: <b>Beatriz Pillier</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>4/18/07</b> <small>Daytime Phone #</small>	