

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90159 043 \*\*\*150.00

DOCUMENT # P06000021524

1. Entity Name  
ECNEROLF INVESTMENTS CORPORATION



Principal Place of Business

337 20TH STREET  
315  
MIAMI, FL 33139

Mailing Address

P.O. BOX 190272  
MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #

3120 COLLINS AVE

3. Mailing Address

P.O. BOX 190272

Suite, Apt., etc.

#210

Suite, Apt., etc.

190272

City & State

MIAMI FL

City & State

MIAMI BEACH

Zip

33139

Country

U.S

Zip

33139

Country

U.S

03052007

Chg-P

CR2E034 (12/06)

4. FEI Number

760-818-206

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

NWOSU, FLORENCE

315 20TH STREET  
315  
MIAMI BEACH, FL 33139

3120 COLLINS AVE  
#210  
MIAMI BEACH FL  
33139

Name

Street Address (P.O. Box Number is Not Acceptable)

3120 COLLINS AVE  
#210

City

MIAMI BEACH

FL

Zip Code

33139

7. Name and Address of New Registered Agent

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

*Florence*

3/31/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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  
NAME NWOSU, FLORENCE  
STREET ADDRESS 337 20TH STREET  
CITY-ST-ZIP MIAMI, FL 33139 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NWOSU, FLORENCE ☒ Change ☐ Addition  
NAME NWOSU, FLORENCE  
STREET ADDRESS 3120 COLLINS AVE #210 *changed Address*  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Florence*

3/31/07 305-298-7546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #