


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90032 029 ***150.00

DOCUMENT # P06000053151	
1. Entity Name EKINETIC CORP	

Principal Place of Business 12520 NORTH MIAMI AVE NORTH MIAMI, FL 33168 US	Mailing Address 12520 NORTH MIAMI AVE NORTH MIAMI, FL 33168 US
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2. Principal Place of Business - No P.O. Box # 221 SW 4 AVE	3. Mailing Address 221 SW 4 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HALLANDALE, FL.	City & State HALLANDALE, FL.
Zip 33009	Country BROWARD

40008346



01262007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent DIAZ, GRISELDA S 12520 NOTH MIAMI AVE NORTH MIAMI, FL 33168	
7. Name and Address of New Registered Agent Name DIAZ GRISELDA S. Street Address (P.O. Box Number is Not Acceptable) 221 SW 4 AVE City HALLANDALE FL Zip Code 33009	

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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIAZ, GRISELDA S 12520 NORTH MIAMI AVE 12520 NORTH MIAMI AVE, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIAZ GRISELDA S. 221 SW 4 AVE. HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DI ROCCO, WALTER R 12520 NORTH MIAMI AVE NORTH MIAMI, FL 33168 <input checked="" 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____