## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AP

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jul 27, 2007 8:00 am Secretary of State DOCUMENT # P06000066418 07-27-2007 90008 049 \*\*\*150.00 ECHENIQUE FINISHING, INC Principal Place of Business Mailing Address 6249 W 15TH COURT 6249 W 15TH COURT HIALEAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07172007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **ECHENIQUE, DAGOBERTO** Street Address (P.O. Box Number is Not Acceptable) 6249 W 15TH COURT HIALEAH, FL 33012 City Zip Code 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE ☐ Delete THIE NAME ECHENIQUE, DAGOBERTO NAME STREET ADDRESS **6249 W 15TH COURT** STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP VPD TITLE Delete TITLE □ Change ☐ Addition NAME VILA, HERMINIA NAME STREET ADDRESS 6249 W 15TH COURT STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STRÉET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TRUE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 fue 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 empoying 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, you all other like empowered.

FILED

Daytime Phone #