

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90239 009 ***150.00

DOCUMENT # P06000088902

1. Entity Name
ECOLOGICAL CLOTHES, INC.



Principal Place of Business

918 GRACE AVE
LAKE WORTH, FL 33461

Mailing Address

918 GRACE AVE
LAKE WORTH, FL 33461

40065642



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

918 GRACE AVE

3. Mailing Address

918 GRACE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262007

Chg-P

CR2E034 (12/06)

City & State

LAKE WORTH FL.

City & State

LAKE WORTH FL.

4. FEI Number

20-5162952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, DANIEL R
918 GRACE AVE
LAKE WORTH, FL 33461

7. Name and Address of New Registered Agent

Name

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

City

FL

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 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

TITLE NAME ☐ Delete

DP
PEREZ, DANIEL R
918 GRACE AVE
LAKE WORTH, FL 33461

TITLE NAME ☐ Delete

DVP
ZERBATO, HEBE
918 GRACE AVE
LAKE WORTH, FL 33461

TITLE NAME ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

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STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

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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]* DANIEL R PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07 (561) 969-9757

Date

Daytime Phone #

[Signature] - HEBE N. ZERBATO