2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000088157

Entity Name: ECT FINANCIAL INC

City-St-Zip:

MIAMI, FL 33126

FILED Jun 17, 2009 Secretary of State

Entity Name: ECT FINANCIAL INC					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
815 NW 57	AVE				
119 MIAMI, FL	33126				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
815 NW 57	AVE				
119 MIAMI, FL	33126				
FEI Number:	26-0682901	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GREGORIO, RODOLFO 100 BAYVIEW DR 1403			815 NW 57TH AVE	GREGORIO, GASTON E 815 NW 57TH AVE 119	
SUNNY ISLES BEACH, FL 33160 US			MIAMI, FL 33126 US	MIAMI, FL 33126 US	
The above in the State		submits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: GASTON E GREGORIO				06/17/2009	
Electronic Signature of Registered Agent			nt	Date	
		3(2)(b), F.S., the corporation did not grows Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (GREGORIO, G 815 NW 57 AV MIAMI, FL 331	E #119	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	SINGMAN, DAN 2841 NE 163 S		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address:	D (CALABUIG, CA 815 NW 57 AN		Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CARLOS CALABUIG D 06/17/2009