

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000074148

FILED  
Apr 30, 2011  
Secretary of State

Entity Name: ECOCRITIQUE INC

**Current Principal Place of Business:**

520 E TALL OAKS DR  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

520 E TALL OAKS DR  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 45-1795081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAZZOLI, NICOLAS E  
520 E TALL OAKS DR  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MAZZOLI, NICOLAS E  
Address: 520 E TALL OAKS DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP  
Name: MAZZOLI, NICOLAS E  
Address: 520 E TALL OAKS DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SEC  
Name: MAZZOLI, NICOLAS E  
Address: 520 E TALL OAKS DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TRES  
Name: MAZZOLI, NICOLAS E  
Address: 520 E TALL OAKS DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby 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 all other like empowered.

SIGNATURE: NICOLAS MAZZOLI

PRES

04/30/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date