2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90107 029 ***150.00

DOCUMENT # P93000074876

1. Entity Name
ENTERPRISE COMPUTER CONCEPTS, INC.

Principal Place of Business
PO BOX 350490
MIAMI, FL 33135

Mailing Address
PO BOX 350490
MIAMI, FL 33135

02282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: PO Box. 352585
Suite, Apt. #, etc.
City & State: Miami, Florida
Zip: 33135 Country: USA

3. Mailing Address: 6854 W. Flagler St.
Suite, Apt. #, etc.
City & State: Miami, Florida
Zip: 33144 Country: USA

4. FEI Number: 52-2271079 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
VASSALLO, CLAUDIO
6854 W RODGER ST
MIAMI, FL 33144

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 6854 W. Flagler. ST.
City: Miami FL Zip Code: 33144

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] 03/01/06
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, 2006 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 P ☐ Delete		TITLE ☒ Change ☐ Addition	
NAME	VASSALLO, CLAUDIO	NAME	PO Box. 352585
STREET ADDRESS	PO BOX 350490	STREET ADDRESS	Miami, FL. 33135
CITY-ST-ZIP	MIAMI, FL 33135	CITY-ST-ZIP	
TITLE S ☐ Delete		TITLE ☒ Change ☐ Addition	
NAME	SUAREZ, MARIA	NAME	PO Box. 352585
STREET ADDRESS	PO BOX 350490	STREET ADDRESS	Miami, FL. 33135
CITY-ST-ZIP	MIAMI, FL 33135	CITY-ST-ZIP	
TITLE T ☐ Delete		TITLE ☒ Change ☐ Addition	
NAME	SUAREZ, MARIA	NAME	PO Box. 352585
STREET ADDRESS	PO BOX 350490	STREET ADDRESS	Miami, FL. 33135
CITY-ST-ZIP	MIAMI, FL 33135	CITY-ST-ZIP	
TITLE VP ☐ Delete		TITLE ☒ Change ☐ Addition	
NAME	VASSALLO, CALUDIO	NAME	VASSALLO, CLAUDIO
STREET ADDRESS	PO BOX 350490	STREET ADDRESS	PO Box. 352585
CITY-ST-ZIP	MIAMI, FL 33135	CITY-ST-ZIP	Miami FL. 33135
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ 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 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] 03/01/06 (305) 266-1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #