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	Mailing Address
PO BOX 350490 MIAMI, FL 33135	PO BOX 350490 MIAMI, FL 33135

02282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
PO Box. 352585	6854 W. Flagler ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FLORIDA	City & State: Miami, FLORIDA
Zip: 33135 Country: USA	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	7. Name and Address of New Registered Agent
VASSALLO, CLAUDIO 6854 W RODGER ST MIAMI, FL 33144	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		
STREET ADDRESS	PO BOX 350490		STREET ADDRESS	PO Box. 352585	
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP	Miami, FL. 33135	
TITLE	S	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SUAREZ, MARIA		NAME		
STREET ADDRESS	PO BOX 350490		STREET ADDRESS	PO Box. 352585	
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP	Miami, FL. 33135	
TITLE	T	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SUAREZ, MARIA		NAME		
STREET ADDRESS	PO BOX 350490		STREET ADDRESS	PO Box. 352585	
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP	Miami, FL. 33135	
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 #