## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED : .... Apr 20, 2006 08:00 Al Secretary of State **DOCUMENT # P94000047778** E & C SERVICE STATION, INC. Mailing Address Principal Place of Business 13505 N.W. 42ND AVE. 13505 N.W. 42ND AVE. OPA LOCKA, FL 33054 OPA LOCKA, FL 33054 CR2E034 (11/05) 04182006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0506425 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ANDREU, MARTA DO NOT WRITE 1596 W. 78TH ST. HIALEAH, FL 33014 IN THIS SPACE 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. (MOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 15 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. U00000521082 PSD 05/02/06-80121-012 150.00 TITLE ANDREU, MARTA NAME STREET ADDRESS 1596 W. 78TH ST. HIALEAH, FL CUTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 rustee 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 shall other like empowered. SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #