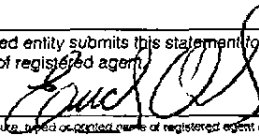
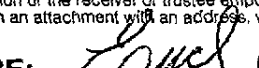


FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000068218						Secretary of State							
1. Entity Name ERCOMP SYSTEMS, INC.													
Principal Place of Business 8528 NW 198 STREET MIAMI, FL 33015				Mailing Address 8528 NW 198 STREET MIAMI, FL 33015									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03132006		Chg-P		CR2E034 (11/05)	
City & State				City & State				4. FEI Number 65-0611661		☐ Applied For		☐ Not Applicable	
Zip		Country		Zip		Country		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							
ORTIZ, ERICK 8528 NW 198 STREET MIAMI, FL 33015						Name							
						Street Address (P.O. Box Number is Not Acceptable)							
						City				FL		Zip Code	
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: 						3-13-06							
Signature, typed or printed name of registered agent and title if applicable						(NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00						9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE		PS ☐ Delete				TITLE		☐ Change ☐ Addition					
NAME		ORTIZ, ERICK				NAME							
STREET ADDRESS		8528 NW 198 STREET				STREET ADDRESS		MODIFIED 1/27					
CITY-ST-ZIP		MIAMI, FL 33015				CITY-ST-ZIP		03/29/06-80008-010 150.00					
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							
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: 						Date							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Daytime Phone							