


**-2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P97000005903 1. Entity Name E. C. INTERNATIONAL DISTRIBUTION, INC. |  |
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| Principal Place of Business 11117 W OKEACHOLEE 203 HIALEAH GARDEN, FL 33018 | Mailing Address 11117 W OKEACHOLEE 203 HIALEAH GARDEN, FL 33018 |
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01282007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0721317 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CHAVEZ, EFRAIN 11117 WOKEECHOBEE RD 203 HIALEAH GARGEN, FL 33018 |
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000623478 02/13/07-80067-015 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHAVEZ, EFRAIN 1325 WEST 68TH ST. ATT. #220 HIALEAH, FL 33014 |
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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 the 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:  **1/26/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #