2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000037968

1. Entity Name
EC RESTORATION, INC.

Principal Place of Business	Mailing Address
2040 SW 58 AVENUE MIAMI, FL 33155	2040 SW 58 AVENUE MIAMI, FL 33155

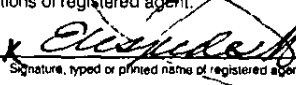DO NOT WRITE IN THIS SPACE

04112008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0830929	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

CESPEDES, EMILIO F
2040 SW 58 AVENUE
MIAMI, FL 33145

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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 X

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, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000894966
04/24/08-80043-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DPST
NAME	CESPEDES, EMILIO F
STREET ADDRESS	2040 SW 58 AVENUE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #