

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90103 003 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000054161

1. Entity Name
ECPD NORTH AMERICA, INC.



Principal Place of Business
1560 SAWGRASS CORPORATE PKWY
SUITE 475
SUNRISE, FL 33323

Mailing Address
701 BRICKELL AVE
SUITE 3000
MIAMI, FL 33131

40101348



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0843694

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE, SUITE 3000
MIAMI, FL 33131

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

Signature typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
BLERSCH, CHRISTIAN
JOSEPH-LECHENBAUER, STR. 19
WEICHS, GERMANY, 85258 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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NAME
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CITY - ST - ZIP
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HOFMANN, GABRIELE
JOSEPH-LECHENBAUER, STR. 19
WEICHS, GERMANY, 85258 ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/2007

Date

Daytime Phone #