2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029728

FILED Sep 09, 2004 Secretary of State

Entity Name: ECL, INC.					
Current Principal Place of Business:				New Principal Place of Business:	
	BAISDEN, P.A RD AVENUE # 33131				
Current Mailing Address:			New Mailing Address:		
THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI, FL 33131					
FEI Number:	65-0925879	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
DANIELS, NICHOLAS M ESQ. THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI, FL 33131				ROSE, ELLEN M ESQ. THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI, FL 33131	
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.					
SIGNATURE: ELLEN ROSE					09/09/2004
Electronic Signature of Registered Agent					Date
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive th	ne prior notice.	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () ROSE, CHARLO 16 ISLAND AVEN MIAMI BEACH, F	NUE #4D		Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	ROSE, ELLEN	Delete DE TERRACE #1205 8		Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	D () BAZARSKY, CAF 59 KAY BOULEV NEWPORT, RI	/ARD		Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name:	D ()	Delete		Title: () Name:	Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ELLEN ROSE D 09/09/2004

4845 WOODVALE DRIVE

ATLANTA, GA 30327

Address:

City-St-Zip: