

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000029728

1. Entity Name
ECL, INC.



Principal Place of Business
THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI, FL 33131

Mailing Address
THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI, FL 33131



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0925879

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSE, ELLEN M ESQ.
THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI, FL 33131

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IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000210308
02/02/05-80073-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROSE, CHARLOTTE
16 ISLAND AVENUE #4D
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROSE, ELLEN
4000 TOWER SIDE TERRACE #1205
MIAMI, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAZARSKY, CAROL
59 KAY BOULEVARD
NEWPORT, RI 02840

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROSE, LEO III
4845 WOODVALE DRIVE
ATLANTA, GA 30327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone

2/1/05 305-538-1261