

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095143

FILED
Mar 17, 2009
Secretary of State

Entity Name: ECHO READERS OF EAST HIALEAH, INC.

Current Principal Place of Business:

2721 EXECUTIVE PARK DR.
ST#4
WESTON, FL 33321

New Principal Place of Business:

Current Mailing Address:

2721 EXECUTIVE PARK DR.
ST#4
WESTON, FL 33321

New Mailing Address:

FEI Number: 65-0962951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVER, PAUL
2721 EXECUTIVE PARK DRIVE
SUITE 3
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ASON, RAFAEL DR.
Address: 7100 W. 20TH AVENUE #G-154
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: BOUZA, MANUEL DR.
Address: 777 E. 25TH ST #306
City-St-Zip: HIALEAH, FL 33013

Title: D () Delete
Name: CASTELLANOS, LUIS DR.
Address: 1401 EAST 4TH AVE #201
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: DIAZ, PEDRO DR.
Address: 2140 WEST 68TH ST #403
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: GELLES, RONALD DR.
Address: 2140 WEST 68TH ST #403
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: GOMEZ, JORGE W DR.
Address: 290 W. 49TH ST
City-St-Zip: HIALEAH, FL 33012 N

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: RAFAEL ASON

D

03/17/2009

Electronic Signature of Signing Officer or Director

Date