2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 8:00 am Secretary of State DOCUMENT # P99000101635 04-28-2004 90203 021 ***158.75 E.C. BUILDING SOLUTIONS, INC. Principal Place of Business Maiting Address 10511 S.W. 51ST STREET 156 CORRINE PLACE MIAMI, FL 33165 KEY LARGO, FL 33037 Mailing Address Principal Place of Business 9390 SW 390 Streat Street Suite, Apt. #, etc. Suite, Apt. #, etc. 02282004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Miami 65-0963037 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent, 6. Name and Address of Current Registered Agent PYTA CERRA, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 156 CORRINE PLACE KEY LARGO, FL 33037 8. The above named entity submits this statement for ging 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 registere (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ΙÖ. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DPST TITLE ☐ Delete TITLE Change ☐ Addition Eduardo Cerra CERRA, EDUARDO NAME NAME 9390 SW 34 STYPET 156 CORRINE PLACE STREET ADDRESS STREET ADDRESS KEY LARGO, FL 33037 Miami, FL CITY - ST- 7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT#S ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with his thindicated on this report or supplemental report is tracker of the corporation or the receiver or trusted entirely wared Ing dees not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director disprecute 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 er like empowered SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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