

**03 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

DOCUMENT # P00000104030

1. Entity Name

ECUAEX CORPORATION U.S.A.



03 APR 30 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
470 JEFFERSON DRIVE

3. Mailing Address  
SAME

Suite, Apt. #, etc.

#205

Suite, Apt. #, etc.

SAME

City & State

DEERFIELD BEACH, FLORIDA

City & State

SAME

4. FEI Number 65-1069722

Applied For

Not Applicable

Zip  
33442

Country  
USA

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Gary D. Malfeld, Attorney at Law

Street Address (P.O. Box Number is Not Acceptable)  
8420 NW 52nd Street

Suite 107

City Miami

FL

Zip Code  
33166

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 of registered agent and registered agent is not applicable. (N/A) If Registered Agent Signature Required (Check Below)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
President/Director  
Patricio Cruz  
Jimenez De La Espada #180, Quito Ecuador

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
100017620371  
04/30/03--01121--001 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
Secretary/Treasurer/Director  
Andres Cruz  
470 Jefferson Dr. #205, Deerfield Beach FL 33442

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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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 on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Listing Phone #

Andres Cruz

4/28/03

954 4100778

gr sl

CR2E034B (1/2/02)