
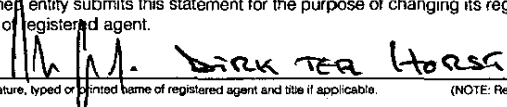
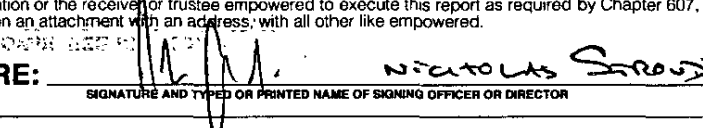


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90336 002 \*\*\*150.00

DOCUMENT # P01000108556			
1. Entity Name ECONOFILTERS, INC.			
Principal Place of Business 801 BRICKELL AVE., STE. 1901 MIAMI, FL 33131		Mailing Address 801 BRICKELL AVE., STE. 1901 MIAMI, FL 33131	
2. Principal Place of Business 2280 NW 30 Place		3. Mailing Address 2280 NW 30 Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
4. FEI Number 65-1154779		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPENCER, THOMAS R JR. 801 BRICKELL AVE., STE. 1901 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: Dirk ter Horst Street Address (P.O. Box Number is Not Acceptable): 2280 NW 30 Place City: Pompano Beach FL Zip Code: 33069	
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:  DIRK TER HORST DATE: 4/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: SPENCER, THOMAS R JR. STREET ADDRESS: 801 BRICKELL AVE., STE. 1901 CITY-ST-ZIP: MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE: President NAME: Dirk ter Horst STREET ADDRESS: 2280 NW 30 Place CITY-ST-ZIP: Pompano Beach, FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Delete	TITLE: Vice-President NAME: Hans-Joachim Lippold STREET ADDRESS: 2280 NW 30 Place CITY-ST-ZIP: Pompano Beach, FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	TITLE: Secretary NAME: Nicholas Stroud STREET ADDRESS: 2280 NW 30 Place CITY-ST-ZIP: Pompano Beach, FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Delete	TITLE: Treasurer NAME: Angel Rosendo STREET ADDRESS: 2280 NW 30 Place CITY-ST-ZIP: Pompano Beach, FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  NICHOLAS SROUD DATE: 4/16/04 Daytime Phone #: 954 977 5220 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			