2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000071934 1. Entity Name EXCO TRADING & IMPORT CORP.



04-17-2003 90633 039 ***150.00

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City & State City & State City & State City & State Country Country Country Signature 6. Name and Address of Current Registered Agent Name N	2. Principal Place of Business			3. Mailing Address						111111 11111 11111
Second S	Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent Name	City & State			City & State						
Street Address of New Registered Agent VALDIVIESO, HERNANDO 446 MW 97 PL MIAMI FL 33172-4033 City FL Zip Code 8. The above named antity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FILE NOWS. SIREET ADDRESS CITY-ST-2P MIAMI FL 33172-4033 TITLE MAKE SIREET ADDRESS CITY-ST-2P TITLE MAKE SIRET ADDRESS	Zip Country		Zip		itry	5 Certificate of Status Desired \$8.75 Additional				
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SIGNATURE Street Address (P.O. Box Number is Not Acceptable)						Name				
B. 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 FILE				Stree			ress (P.O. Box Number is Not Acceptable)			
B. 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 Committee	MIAMI FL	33172-4033								
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Signature, hybrid or printed name of registered agent and tills if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			r the purp	ose of changing its	registere	ed office or registere	red age	ent, or both, in the State of Florida. I am f	amiliar with,	and accept
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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)(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 trust of 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 accuracy with a policies, with all other interest.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VALDIVIESO

4-14-03

786-299-2484

Daytime Phone #