2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Jan 13, 2005 08:00 AM **DOCUMENT # 626271 Secretary of State** 1. Entity Name ETCO ELECTRICAS TRADING CORPORATION Principal Place of Business Mailing Address 5242 SW 89TH COURT 5242 SW 89TH COURT MIAMI, FL 33165-6612 US MIAMI, FL 33165-6612 US 01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1922204 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOSTOCK, GLORIA DO NOT WRITE 5242 S W 89TH COURT MIAMI, FL 33165 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE VELEZ, WILLIAM NAME U00000179672 01/13/05-80027-015 150.00 CALLE 36 63-31 STREET ADDRESS MEDELLIN, COLOMBIA 00000. CITY-ST-ZIP TITLE NAME RESTREPO, MARIO STREET ADDRESS EDIFICIO LAS NAVES, 102 CITY-ST-ZIP MEDELLIN, COLOMBIA 00000, TITLE NAME BOSTOCK, GLORIA STREET ADDRESS 5242 SW 89TH COURT DO NOT WRITE CITY-ST-ZIP MIAMI, FL 00000. TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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: 4 SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

CITY-SY-ZIF

01/10/05

305-274-0783

Daytime Phone #

FILED