


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F08915 1. Entity Name ECUAMERICA INTERNATIONAL, INC.	
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Principal Place of Business P.O. BOX 24432 TAMPA, FL 33623-4432	Mailing Address P.O. BOX 24432 TAMPA, FL 33623-4432
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DO NOT WRITE IN THIS SPACE



07082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2445589	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

DELALLANA, MICHAEL
5401 D SOUTHERN COMFORT BLVD
TAMPA, FL 33634

**DO NOT WRITE
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] DATE 7/8/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DELALLANA MICHAEL 5401 D SOUTHERN COMFORT BLVD TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DELALLANA, SUSANA E 5401 D SOUTHERN COMFORT BLVD TAMPA, FL 33634
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IN THIS SPACE**

000000312569
07/13/05-80006-006 \$50.00

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: [Signature] DATE 7/8/05 DAYTIME PHONE # 813-882-8466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR