

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08915

FILED
Jan 29, 2008
Secretary of State

Entity Name: ECUAMERICA INTERNATIONAL, INC.

Current Principal Place of Business:

P.O. BOX 24432
TAMPA, FL 336234432

New Principal Place of Business:

5401 SOUTHERN COMFORT BLVD
SUITE D
TAMPA, FL 336234432

Current Mailing Address:

P.O. BOX 24432
TAMPA, FL 336234432

New Mailing Address:

5401 SOUTHERN COMFORT BLVD
SUITE D
TAMPA, FL 33634

FEI Number: 59-2445589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DELALLANA, SUSANA
5401 SOUTHERN COMFORT BLVD
SUITE D
TAMPA, FL 33634 US

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.

SIGNATURE: SUSANA DELALLANA

01/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DELALLANA MICHAEL,
Address: 5401 D SOUTHERN COMFORT BLVD
City-St-Zip: TAMPA, FL 33634

Title: DV () Delete
Name: DELALLANA, SUSANA E
Address: 5401 D SOUTHERN COMFORT BLVD
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DELALLANA SUSANA,
Address: 5401 SOUTHERN COMFORT BLVD, STE D
City-St-Zip: TAMPA, FL 33634

Title: DV (X) Change () Addition
Name: DELALLANA, SUSANA E
Address: 5401 SOUTHERN COMFORT BLVD, STE D
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSANA DELALLANA

DP

01/29/2008

Electronic Signature of Signing Officer or Director

Date