

## **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F08915

Entity Name: ECUAMERICA INTERNATIONAL, INC.

**FILED**  
**Nov 06, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

5401 SOUTHERN COMFORT BLVD  
SUITE D  
TAMPA, FL 336234432

**New Principal Place of Business:**

**Current Mailing Address:**

5401 SOUTHERN COMFORT BLVD  
SUITE D  
TAMPA, FL 33634

**New Mailing Address:**

FEI Number: 59-2445589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: CRACCHIOLO, SUSANA,  
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 CRACCHIOLO

DV

11/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date