

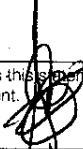



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90096 008 ***150.00

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # L60271 1. Entity Name ECUAZAMORA INC. | | | |  | |
| Principal Place of Business 2406 NW 72ND AVE MIAMI, FL 33122 US | | | Mailing Address 2406 NW 72ND AVE MIAMI, FL 33122 US | | |
| 2. Principal Place of Business 4643 NW 97 CT Suite, Apt. #, etc. | | 3. Mailing Address 4643 NW 97 CT Suite, Apt. #, etc. | | 44033243  | |
| City & State MIAMI FL | | City & State MIAMI FL | | 4. FEI Number 65-0327712 | |
| Zip 33178 Country US | | Zip 33178 Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ZAMORA, COLON 2406 NW 72ND AVE MIAMI, FL 33122 | | | | 7. Name and Address of New Registered Agent Name ZAMORA COLON Street Address (P.O. Box Number is Not Acceptable) 4643 NW 97 CT City MIAMI FL Zip Code 33178 | |
| 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  COLON ZAMORA DATE 4/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS ZAMORA, COLON E. 5511 NW 112ND AVE #110 MIAMI, FL 33178 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ZAMORA COLON E. 4643 NW 97 CT MIAMI FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ZAMORA, ILIANA R. 5511 NW 112TH AVE #110 MIAMI, FL 33178 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ZAMORA ILIANA R. 4643 NW 97 CT MIAMI FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 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:  COLON ZAMORA | | | Date 4/12/04 | | |