
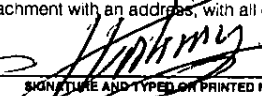


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L63493</b> 1. Entity Name <b>ECUATRONIX USA, INC.</b>					
Principal Place of Business <b>175 FOUTAINEBLEAU BLVD SUITE 1A2 MIAMI, FL 33172 US</b>			Mailing Address <b>175 FOUTAINEBLEAU BLVD SUITE 1A2 MIAMI, FL 33172 US</b>		
2. Principal Place of Business - No P.O. Box # <b>175 FOUTAINEBLEAU Blvd.</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. <b>1-A2</b>		Suite, Apt. #, etc. <b>Same</b>			
City & State <b>Miami FL</b>		City & State <b>Same</b>			
Zip <b>33172</b>	Country <b>US</b>	Zip <b>33172</b>	Country <b>US</b>	4. FEI Number <b>65-0184390</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FORTUNY, HERMAN 220 NW 102ND AVE #5 MIAMI, FL 33172</b>			7. Name and Address of New Registered Agent  Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORTUNY, HERMEN 9900 S.W. 3RD ST. MIAMI, FL 33174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000630917 02/20/07-80024-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORTUNY, ALBERTO 9900 S.W. 3RD ST. MIAMI, FL 33174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMOTA, NELLY H 9900 S.W. 3RD ST. MIAMI, FL 33174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			Date <b>2/2/07</b> Daytime Phone #		