

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90115 003 \*\*\*150.00

**DOCUMENT # P00000048337**

1. Entity Name  
**ECUA VALLEY DISTRIBUTORS, INC.**



Principal Place of Business  
**12913 S.W. 133 COURT  
MIAMI, FL 33186**

Mailing Address  
**12913 S.W. 133 COURT  
MIAMI, FL 33186**

**DO NOT WRITE IN THIS SPACE**



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1016909**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORDOVEZ, MARIO  
12913 S.W. 133 COURT  
MIAMI, FL**

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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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CORDOVEZ, MARIO
STREET ADDRESS	13810 SW 127 CT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	S
NAME	ALEXONONA ARIAS, MARIA
STREET ADDRESS	13810 SW 127 CT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	S
NAME	ARIAS, MARIA ALEXANDRA
STREET ADDRESS	13810 SW 127 CT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/05*  
Date

*(305) 234-5443*  
Daytime Phone #