

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000084489

1. Entity Name

ECOPLANTS USA, INC.



FILED

05 MAR -1 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



1st MOORE

CR2E034 (10/04)

Principal Place of Business
1500 N.W. 95TH AVENUE
MIAMI FL 33172
US

Mailing Address
3651 PEACHTREE PKWY
SUITE E346
SUWANEE GA 30024
US

2. Principal Place of Business
2761 NW 82 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
2761 NW 82 AVENUE
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip
33122

Country
DADE

Zip
33122

Country
DADE

4. FEI Number 65-1037930

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WALTER, ROSA A
2743 SW 78TH COURT
MIAMI FL 33155

7. Name and Address of New Registered Agent
Name
LUIGI SCAVETTA
Street Address (P.O. Box Number is Not Acceptable)
2761 NW 82 AVENUE
City MIAMI FL Zip Code 33122

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]* DATE 02-16-2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCAVETTA, LUIGI 3651 PEACHTREE PKWY STE E346 SUWANEE GA 30024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LEON, GUISELLE 3651 PEACHTREE PKWY, STE E346 SUWANEE GA 30024 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NIHILL, JULIAN 1719 MAIN STREET, SUITE 500 DALLAS TX 75201 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600048830258 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/22/05--01007--022 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ANNIE M BETA DAND 2761 NW 82 AVENUE MIAMI, FL 33122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARLOS A CLAVITO 2761 NW 82 AVENUE MIAMI, FL 33122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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]* DATE 02-16-2005 DAYTIME PHONE # 305-597-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR