1 of 2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
05 DEC 12 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019193

1. Entity Name

ECO MODA EXCLUSIVE, INC.

900062512773
12/30/05--01055--015 **600.00

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

2. Principal Place of Business	3. Mailing Address
915 NW 1 AVE	
Suite, Apt. #, etc.: Ste H1901	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33136 Country	Zip Country

4. FEI Number: 20-3905047 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: JUNIOR CORZO

Street Address (P.O. Box Number is Not Acceptable): 915 NW 1 AVE Ste H1901

City: Miami FL Zip Code: 33136

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: _____ DATE

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	President
NAME	JUNIOR CORZO
STREET ADDRESS	915 NW 1 AVE Ste H1901
CITY-ST-ZIP	Miami, FL 33136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Payment Phone #

B. Mitchell DEC 12 2005

2082

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $600.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2002-2005 or any other notice from the Division of Corporations in respect with the Corporation, **ECO MODA EXCLUSIVE, INC.**

Thank you for your courtesy in this matter.

JUNIOR CORZO
PRESIDENT