


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000023289	
1. Entity Name ECO TERRA NOSTRA CORPORATION	


Principal Place of Business 7027 NW 7TH AVENUE MIAMI, FL	Mailing Address 305 NW 136TH CT MIAMI, FL 33182
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DO NOT WRITE IN THIS SPACE

FILED

05 MAY -3 AM 10:05

FLORIDA STATE  
IN CARACAS, FLORIDA



05022005 No Chg-P CR2E034 (10/03) *DS*

4. FEI Number 04-3610785	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CHAO, BIENVENDIO 7027 NW 7TH AVENUE MIAMI, FL	DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

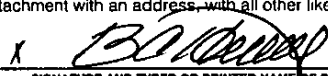
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAO, BIENVENIDO 305 NW 136TH CT MIAMI, FL 33182
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DO NOT WRITE  
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05/17/05--01028--009 \*\*900.00

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:** *X* 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_