

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

03-05-2004 90016017 ***300.00
03-26-2004 90032 033 ***150.00
P01000039830

DOCUMENT # P010000 39830	
1. Entity Name ECCO TRADES, INC. W04-9662	

04 APR -2 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RENEWAL STATEMENT 02-04

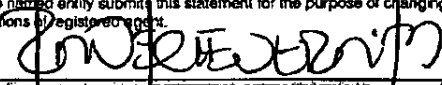
94036968

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2. Principal Place of Business 700 S. 11TH ST Suite, Apt. #, etc. AA 42		3. Mailing Address PO Box 1425 Suite, Apt. #, etc.	
City & State LAKE WALES, FL		City & State LAKE WALES, FL	
Zip 33853	Country USA	Zip 33859-1425	Country
4. FEI Number 59-3733702		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name JAIRD ECHEVERRI	
	Street Address (P.O. Box Number is Not Acceptable) 700 S. 11TH ST.	
	City LAKE WALES, FL Zip Code 33853	

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 **05.30.03**

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 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
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10. OFFICERS AND DIRECTORS			
TITLE D/P	NAME JAIRD ECHEVERRI	TITLE D/P	NAME JAIRD ECHEVERRI
STREET ADDRESS 700 S. 11TH ST. APT 42	STREET ADDRESS 700 S. 11TH ST. APT 42	STREET ADDRESS 700 S. 11TH ST. APT 42	STREET ADDRESS 700 S. 11TH ST. APT 42
CITY- ST- ZIP LAKE WALES, FL 33853	CITY- ST- ZIP LAKE WALES, FL 33853	CITY- ST- ZIP LAKE WALES, FL 33853	CITY- ST- ZIP LAKE WALES, FL 33853
TITLE D/VP	NAME JIMENA ECHEVERRI	TITLE D/VP	NAME JIMENA ECHEVERRI
STREET ADDRESS 700 S. 11TH ST. APT 42	STREET ADDRESS 700 S. 11TH ST. APT 42	STREET ADDRESS 700 S. 11TH ST. APT 42	STREET ADDRESS 700 S. 11TH ST. APT 42
CITY- ST- ZIP LAKE WALES, FL 33853	CITY- ST- ZIP LAKE WALES, FL 33853	CITY- ST- ZIP LAKE WALES, FL 33853	CITY- ST- ZIP LAKE WALES, FL 33853
TITLE D/T	NAME LOLA BETARANO	TITLE D/T	NAME LOLA BETARANO
STREET ADDRESS 700 S. 11TH ST. APT 42	STREET ADDRESS 700 S. 11TH ST. APT 42	STREET ADDRESS 700 S. 11TH ST. APT 42	STREET ADDRESS 700 S. 11TH ST. APT 42
CITY- ST- ZIP LAKE WALES, FL 33853	CITY- ST- ZIP LAKE WALES, FL 33853	CITY- ST- ZIP LAKE WALES, FL 33853	CITY- ST- ZIP LAKE WALES, FL 33853
TITLE D/S	NAME JAIRD ECHEVERRI, SR	TITLE D/S	NAME JAIRD ECHEVERRI, SR
STREET ADDRESS 700 S. 11TH ST. APT 42	STREET ADDRESS 700 S. 11TH ST. APT 42	STREET ADDRESS 700 S. 11TH ST. APT 42	STREET ADDRESS 700 S. 11TH ST. APT 42
CITY- ST- ZIP LAKE WALES, FL 33853	CITY- ST- ZIP LAKE WALES, FL 33853	CITY- ST- ZIP LAKE WALES, FL 33853	CITY- ST- ZIP LAKE WALES, FL 33853
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS
CITY- ST- ZIP 	CITY- ST- ZIP 	CITY- ST- ZIP 	CITY- ST- ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS
CITY- ST- ZIP 	CITY- ST- ZIP 	CITY- ST- ZIP 	CITY- ST- ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another title empowered.

SIGNATURE:  DATE **05.30.03**

CR2E034B (12/02)