03-05-2004 90016 017 ***300.00
03-26-2004 90032 033 ***150.00
P01000039830

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04 APR -2 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P010000 39830

1. Entity Name
ECCO TRADES, INC.
WU4-9662

DO NOT WRITE IN THIS SPACE

94036968
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
700 S. 11TH ST.	PO BOX 1425
Suite, Apt. #, etc.: APT 42	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: JAIRO ECHEVERRI
Street Address (P.O. Box Number is Not Acceptable): 700 S. 11TH ST.
APT 42
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: [signature] 05.30.03
(Signature required when registered agent info is applicable) (Typed or Printed Name of Registered Agent signature required when reinstating) DATE

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	D/P	TITLE	
NAME	JAIRO ECHEVERRI	NAME	
STREET ADDRESS	700 S. 11TH ST. APT 42	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 33853	CITY-ST-ZIP	
TITLE	D/VP	TITLE	
NAME	JIMENA ECHEVERRI	NAME	
STREET ADDRESS	700 S. 11TH ST APT 42	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 33853	CITY-ST-ZIP	
TITLE	D/T	TITLE	
NAME	LOLA BETARANO	NAME	
STREET ADDRESS	700 S. 11TH ST. APT 42	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 33853	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	D/S	TITLE	**IN THIS SPACE**
NAME	JAIRO ECHEVERRI, SR	NAME	
STREET ADDRESS	700 S. 11TH ST APT 42	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 33853.	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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: [signature] 05.30.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #