


FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90473 047 ***150.00

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

DOCUMENT # **PO2000059325**

1. Entity Name
ECO-D CORP.



90039354

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
169 E. FLAGER ST.

3. Mailing Address
169 E. FLAGER ST.

Suite, Apt. #, etc.
1539

City & State
MIAMI-FLORIDA

City & State
MIAMI-FLORIDA

Zip
33131

Country
U.S.A.

Zip
33131

Country
U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number **47-0876278**

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 **RUBEN MOSCOVICH**

Street Address (P.O. Box Number Is Not Acceptable)
169 E. FLAGER ST. SUITE 1539

City **MIAMI-FLORIDA** **FL** Zip Code **33131**

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:  **RUBEN MOSCOVICH** **02-21-2003**

(NOTE: Registered Agent signature required when re-appointing)

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$650.00
Amended UBR is \$81.25
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 NAME STREET ADDRESS CITY- ST- ZIP	PSTD DESIMONE, JULIO C. J. PEREZ 538 MORON-BS AS-ARGENTINA
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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 another like empowered.

SIGNATURE:  **JULIO DESIMONE** **02-21-2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)