2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

AITHOAL KLI OKT								05-03-2004 90701 033 ***150.00				
DOCUMENT # P02000128261 1. Entity Name ECOPLAN TECHNOLOGIES (USA), INC.							[
Principal Place	e of Busines:			i		:						
20801 BISCA		Mailing Address	20801 BISCAYNE BLVD.			!						
SUITE 400	TINE DEVD.		SUITE 400			į	1					
AVENTURA, FL 33180 . AVENTURA, FL 33180												
THE COLUMN		•] 2 2 20 30			######################################	
2. Principal P	lace of Busin	ness	3. Mailing Address									
20801 BISCAYNE BLVD. 20801 BISCAY					LVD.		I SMOTSEN III O	ing Kak gara best dilib	i ererik transı ilki		Bisrai il iliat	
Suite, Apt.		,	Suite, Apt. #, etc.			04082004	Chg-P	CESEN	34 (10/03)			
SUITE	#403		SUITE #403					Ong i	OI LELO	- (10/00)		
City & Stat	е		City & State				4. FEI Number			A	oplied For	
AVENTURA, FI.			AVENTURA, FL.					56- <u>234985</u>	<u>4</u>	N	ot Applicable	
Zip Country		Zip	itry				\$8.75 Ad	ditional				
33180 US		33180 US			J. Certificate of Status Desired			Fee Required				
	6. Name	and Address of Current	Registered Agent			7. Name and A	ddress of New Ro	gistered A	gent			
- س <u>ـ</u>			Name									
STANHAM 520 BRICK	KELL KEY			Street A	Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL 33131									 -			
					City Zip Code						 le	
									FL	L .		
		y submits this statement fo	r the purpose of changing	its register	ed office or	r register	ed agent, or both	, in the State of Flor	ida. I am f	amiliar with,	and accept	
the obligat	ions of regis	erea agent.										
SIGNATURE.												
SIGNATURE-	Signature, typed	or printed name of registered agent a	and title if applicable. (N	OTE: Registere	d Agent signat	ure required	when reinstating)		DATE			
	. No. 1		· · · · · · · · · · · · · · · · · · ·	·								
FIL		FEE IS \$150.00	9. Election Cam	paign Finai			00 May Be					
After M	ay 1, 200	4 Fee will be \$550.0	Trust Fund Co	ontribution.	U	Add	ed to Fees					
	256.2	OFFICERS AND	DIRECTORS	11.			ADOITIONS (C	HANGES TO OFFI	CEDS AND	DIRECTOR	C IN 11	
10.	1 500 C						ADDITIONS/C	HANGES TO OFFI	CENS AND			
TITLE	PD Selete III					[☐ Change	Addition	
	NAME MASCHERONI, H. MARCELO			NAM								
STREET ADDRESS CHALET EL CEDRO 20000 PUNTA			IA DEL ESTE	EET ADDRESS	1							
CITY-ST-ZIP		ADO URUGAY,		LIIY	-ST-ZIP							
TITLE	DS		🖎 Delete .	FITL	E]				☐ Change	Addition	
NAME	NEGRO,			NAM		ĺ						
STREET ADDRESS	#1817, 33	00 NE 192 ST.			EET ADDRESS)						
CITY-ST-ZIP	AVENTU	RA, FL 33180		CITY	'-ST-ZIP	l						
TITLE	D		☐ Delete	TITL	E	D/S				Change	Addition	
NAME	ARACEN	A, LEONARDO		NAM	AE .	1- • -	ENA, LEOI	IARD∩				
STREET ADDRESS	1	SCAYNE BLVD.			eet address	2050	NE IOOM	STREET,	ADT	#212		
CJTY-ST-ZIP	AVENTU	RA, FL 33180		CITY	-ST-ZIP		TURA, FL		WI I •	# 714		
TITLE	3		☐ Delete	TITL	E	HAFW	10KK, FL	- 22100		Change	Addition	
NAME] _			NAM]					_	
STREET ADDRESS	1			STRE	EET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP	-						
TITLE			☐ Delete	IПГ	 E	D			····	Channe	XX Addition	
NAME	ļ			NAM		Į—	7 Matinara	MELTVO				
STREET ADDRESS	\				EET ADORESS		Z, MIRTA	NELLIS DRO 20000	DIBTO A	ner r	CTT	
CITY-ST-ZIP					-ST-ZIP		ONADO. U		LUNIA	DEP I	10 J.E.	
TITLE			☐ Delete	TITL		111111111111111111111111111111111111111				☐ Change	Addition	
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STREET ADDRESS					eet adoress	Į		,				
CITY ST ZIP	1			1	-ST-ZIP		All no	ôŌr.				
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12. I hereby indicated	certify that th I on this repo	e information supplied with rt or supplemental report is	i this thing does not qualify is true and accurate and tha	tor the exe at my signa	implion sta iture shall h	ied in Se lave the s	ction 119,07(3)(i) same legal effect	moriga Statutes. I as if made under o	turtner cert ath; that I a	ny mat me # m an officer	normation or director	
of the co	rporation or t	rt or supplemental report is he receiver or trustee empo achment with an address, i	owered to execute this rep	ort as requi	ired by Cha	apter 607	Florida Statutes	and that my name	appears in	Block 10 o	r Block 11 if	
Changeo	, 01 011 811 8(1	LOTHICIL WILL ALL BUGESS, I	ale low				September 1	الألكي معترا				
l		/ 180M	OUT I VUINO				Algai	CAL				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR