


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000128261 1. Entity Name ECOPLAN TECHNOLOGIES (USA), INC.	
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Principal Place of Business 20801 BISCAYNE BLVD. STE. 403 AVENTURA, FL 33180	Mailing Address 20801 BISCAYNE BLVD. STE. 403 AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2349854	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STANHAM, ESQ., NICHOLAS
520 BRICKELL KEY DRIVE #O-305
MIAMI, FL 33131

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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MASCHERONI, H. MARCELO
STREET ADDRESS	CHALET EL CEDRO 20000 PUNTA DEL ESTE
CITY - ST - ZIP	MALDONADO URUGAY,
TITLE	DS
NAME	ARACENA, LEONARDO
STREET ADDRESS	2950 NE 190TH ST., APT. 312
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	D
NAME	PEREZ, MIRTA NELLYS
STREET ADDRESS	CHALET EL CEDRO, 20000 PUNTA DEL ESTE
CITY - ST - ZIP	MALDONADO, URUGARY,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/10/06-80141-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: LEONARDO ARACENA DIRECTOR 4/25/06 (954) 993 4744

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