2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State
03-05-2004 90009 025 ***150.00

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1. Entity Name
ECUASYS ENTERPRISES, CORP.

Principal Place of Business	Mailing Address
2100 W 76 ST STE 313 HIALEAH, FL 33016	2100 W 76 ST STE 313 HIALEAH, FL 33016

01282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6355 NW 36 St.		6355 NW 36 St.	
Suite, Apt. #, etc. Suite 403		Suite, Apt. #, etc. Suite 403	
City & State VIRGINIA GARDENS		City & State VIRGINIA GARDENS	
Zip 33166	Country MIAMI DADE	Zip 33166	Country MIAMI DADE

4. FEI Number 54-2102744 ☐ Applied F[or] ☐ Not Applic[able]

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TOTAL CORPORATION SERVICES, INC.
2100 W 76 ST STE 313
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name LUIS R. RIVADENEIRA
Street Address (P.O. Box Number is Not Acceptable)
6355 NW 36 St. Suite 403
City VIRGINIA GARDENS FL Zip Code 33166

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 ac[cept] the obligations of registered agent.

SIGNATURE [signature] LUIS R. RIVADENEIRA 03/02/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RIVADENEIRA, LUIS 2100 W 76 ST STE 313 HIALEAH, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LUIS RIVADENEIRA 6355 NW 36 St. Ste 403 VIRGINIA GARDENS, FL 33166	☐ Change ☐ Ad[dition]
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad[dition]
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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)(i), Florida Statutes. I further certify that the informati[on] 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 direc[tor] 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: [signature] LUIS R. RIVADENEIRA 03/02/04 (305)870-0410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #