

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90353 044 \*\*\*150.00

<b>DOCUMENT # P03000028648</b> 1. Entity Name <b>ECUASYS ENTERPRISES, CORP.</b>																											
Principal Place of Business <b>6355 NW 36 ST. SUITE 403 MIAMI, FL 33166</b>		Mailing Address <b>6355 NW 36 ST. SUITE 403 MIAMI, FL 33166</b>																									
2. Principal Place of Business <b>6355 NW 36 St</b> Suite, Apt. #, etc. <b>403</b> City & State <b>Virginia Gardens, FL</b> Zip <b>33165</b> Country <b>USA</b>		3. Mailing Address <b>6355 NW 36 St</b> Suite, Apt. #, etc. <b>403</b> City & State <b>Virginia Gardens, FL</b> Zip <b>33165</b> Country <b>USA</b>																									
4. FEI Number <b>54-2102744</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent  <b>RIVADENEIRA, LUIS R</b> <b>6355 NW 36 ST. SUITE 403</b> <b>VIRGINIA GARDENS, FL 33166</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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:  DATE: <b>4/22/05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">DPT</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RIVADENEIRA, LUIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6355 NW 36 ST. STE. 403</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>VIRGINIA BEACH, FL 33166</td> <td></td> </tr> </table>		TITLE	DPT	<input type="checkbox"/> Delete	NAME	RIVADENEIRA, LUIS		STREET ADDRESS	6355 NW 36 ST. STE. 403		CITY - ST - ZIP	VIRGINIA BEACH, FL 33166		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>6355 NW 36 St # 403</b></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>Virginia Gardens, FL 33165</b></td> </tr> </table>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	<b>6355 NW 36 St # 403</b>	CITY - ST - ZIP	<b>Virginia Gardens, FL 33165</b>				
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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 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: 		Date: <b>4/22/05</b> Daytime Phone #: <b>(305) 870-0410</b>																									