2007 FÖR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 30, 2007 08:00 AM DOCUMENT # P03000104647 **Secretary of State** 1. Entity Name ECUA DEVELOPMENTS, INC. Principal Place of Business Mailing Address 1418 N.E. 53RD COURT 1418 N.E. 53RD COURT FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 01-0798523 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PACHECO, HENRY 1418 N.E. 53RD COURT Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33334 City Zip Code 8. The above named ontity 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 agont. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE Delete Mili Change ☐ Addition PACHECO, HENRY NAME 1418 N.E. 53RD COURT STREET ADDRESS STREET ADDRESS U00000742562 <u>05/15/07-80073-020</u> 150.00 FORT LAUDERDALE FL 33334 CITY-ST-7IP CITY+ST-ZIP ☐ Defete THE ☐ Change ☐ Addition NAME SERFET ADDRESS STREET ADDRESS CITY-S1-7IP CHY-SI-ZIP TITLE Defete THTE ☐ Change Addition NAMI: name. STREET ADDRESS STREET ADDRESS CITY-ST-71P CHY+ST-ZIP ☐ Dolete mu ☐ Channe Addition NAME NAM STREET ADDRESS STREET ADDRESS CI[Y-SI-7/P CITY+ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME. STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath; 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: \_

26/07 754-368-2348

FILED