

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

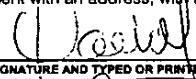
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07262006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000049914					
1. Entity Name ECOM AIR INTERNATIONAL, INC.					
Principal Place of Business 780 N.W. 42 AVENUE STE 416 MIAMI, FL 33126 US			Mailing Address 780 N.W. 42 AVENUE STE 416 MIAMI, FL 33126 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0970906	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORDOVA, ANGEL D 780 N.W. 42 AVENUE STE 416 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Amended AR is \$61.25		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	DP NOGUEZ, JULIO L COMESANA 4460 CP B1702 BOD CIUDADELA, BUENOS AIRES, AG ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200078760792 08/16/06--01015--008 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ACHAVAL DE NOGUES, TERESA COMESANA 4460 CP B1702 BOD CIUDADELA, BUENOS AIRES, AG ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS NOGUES, ERNESTO COMESANA 4460 CP B1702 BOD CIUDADELA, BUENOS AIRES, AG ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOGUES, GASTON COMESANA 4460 CP B1702 BOD CIUDADELA, BUENOS AIRES, AG ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESCUZA, PABLO 7792 NW 71 ST ST. MIAMI, FL. 33166 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMPIOTI, ANGEL V. 25 DE MAYO 444 2 ND PISO MONTEVIDEO, UR. 11000 ☐ Change ☒ Addition		
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: X 			PABLO ESCUZA, PRES. 8/09/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

208/15