


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90097 041 ***150.00

DOCUMENT # P06000047704 1. Entity Name ECOAVENTURA TOURS, INC.																																																																																					
Principal Place of Business 1530 SW 194TH AVE. PEMBROKE PINES, FL 33029 US			Mailing Address 1530 SW 194TH AVE. PEMBROKE PINES, FL 33029 US																																																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 20-4630734 Applied For <input type="checkbox"/> Not Applicable																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01142007 Chg-P CR2E034 (12/06)																																																																																	
6. Name and Address of Current Registered Agent CHIRINO, LEON A 1530 SW 194TH AVE. PEMBROKE PINES, FL 33029			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 _____																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY- ST- ZIP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>P SANTANA, CARLOS A</td> <td>1530 SW 194TH AVE.</td> <td>PEMBROKE PINES, FL 33029</td> <td></td> </tr> <tr> <td></td> <td>VP CHIRINO, LEON A</td> <td>1530 SW 194TH AVE.</td> <td>PEMBROKE PINES, FL 33029</td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete		P SANTANA, CARLOS A	1530 SW 194TH AVE.	PEMBROKE PINES, FL 33029			VP CHIRINO, LEON A	1530 SW 194TH AVE.	PEMBROKE PINES, FL 33029																											11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY- ST- ZIP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				01/16/07 (954)653-8475 <small>Date Daytime Phone #</small>																																																																																	