


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90052 032 \*\*\*150.00

<b>DOCUMENT # P93000075945</b> 1. Entity Name <b>ECHO INVESTMENTS, INC.</b>	
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Principal Place of Business <b>217 HARTRIDGE HILLS CT., NW WINTER HAVEN, FL 33881 US</b>	Mailing Address <b>217 HARTRIDGE HILLS CT., NW SUITE 304 WINTER HAVEN, FL 33881 US</b>
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**50016668**



02112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ESTRADA, BARBARA J  
217 HARTRIDGE HILLS CT.  
WINTER HAVEN, FL 33881**

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ESTRADA, ERNESTO 217 HARTRIDGE HILLS CT NW WINTER HAVEN, FL 33881</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ESTRADA, BARBARA J 217 HARTRIDGE HILLS CT. WINTER HAVEN, FL</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:** *Ernesto Estrada* **ERNESTO ESTRADA** 2-11-05 863 956-1227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #