


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90001 045 \*\*\*150.00

<b>DOCUMENT # P99000010190</b> 1. Entity Name <b>ECONOTRADING INTERNATIONAL COMPANY</b>					
Principal Place of Business <b>C/O ROSA RODRIGUEZ PEREZ 17707 NORTHWEST MIAMI COURT MIAMI, FL 33169</b>			Mailing Address <b>C/O ROSA RODRIGUEZ PEREZ 17707 NORTHWEST MIAMI COURT MIAMI, FL 33169</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO Box 694446</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>MIAMI, FL</b>		4. FEI Number <b>65-0901841</b>	
Zip		Country <b>33269 United States</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AGUDO, MARCELO M ESQ. 501 BRICKELL KEY DRIVE SUITE 300 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSD ESTEVEZ, ROSA R 1770 NORTHWEST MIAMI CANT MIAMI, FL 33169</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PO Box 694446 MIAMI, FL 33269</b> <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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-10-07 (305) 655-1810</b> <small>Date Daytime Phone #</small>		

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