2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000010190

1. Entity Name
ECONOTRADING INTERNATIONAL COMPANY

FILED
07 NOV 28 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O ROSA RODRIGUEZ PEREZ 17707 NORTHWEST MIAMI COURT MIAMI, FL 33169	P.O. BOX 694446 MIAMI, FL 33269

11082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/O Rosa R. Estevez	1729 SW 5 PL
Suite, Apt. #, etc. 17709 NW Miami CT	Suite, Apt. #, etc
City & State Miami, FL	City & State Ft. Lauderdale
Zip 33169 Country U.States	Zip 33312 Country U.States

4. FEI Number
65-0901841
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AGUDO, MARCELO M ESQ. 501 BRICKELL KEY DRIVE SUITE 300 MIAMI, FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when individual)

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	PSD ESTEUEZ, ROSA R P.O. BOX 684446 MIAMI, FL 33269	☑ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	President Estevez, Rosa R 1729 SW 5 PL, Ft Lauderdale, FL 33312 ☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	11/01/07 01014 006 $43.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	$M 11/29	☐ 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	600112716516 11/30/07--01012--001 **17.50 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ 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	☐ 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: _____ 11/13/07 (305)655-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #