


**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # V33826 1. Entity Name ECUAMERICA TRAVEL & ORDONEZ EXPRESS INT'L. COURIER, INC. |  |
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| Principal Place of Business 7210 NW 56TH STREET MIAMI, FL 33166 US | Mailing Address 7210 NW 56TH STREET MIAMI, FL 33166 US |
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04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0328105 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ORDONEZ, KEVIN 7210 NW 56TH STREET MIAMI, FL 33166 |
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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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP ORDONEZ, BETTY MARJORIE 7210 NW 56TH STREET MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP ORDONEZ, KEVIN 7210 NW 56TH ST MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| 1100000148793 05/03/04-80159-014 150.00 |
| DO NOT WRITE IN THIS SPACE |

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/04 305-884-8479
Date Daytime Phone #