


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90012 042 ****75.00

DOCUMENT # N03000004307

1. Entity Name
ECUADORIAN FOUNDATION OF ART AND CULTURE & PANAMERICAN GROUP, INC.



Principal Place of Business
905 SW 1ST., APT. #510
MIAMI FL 33130

Mailing Address
905 SW 1ST., APT. #510
MIAMI FL 33130

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 14-3427
Suite, Apt. #, etc.



MOORE CR2E037 (4/04)

City & State
CORAL GABLES FLA.

Zip
33114-3427

Country

4. FEI Number
74-3087940

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BOZANO, ELBA
905 SW 1ST., APT. #510
MIAMI FL 33130

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 *Olga Soriano* DATE **09-02-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOZANO, ELBA 905 SW 1ST., APT. #510 MIAMI FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALLAZA, YOLANDA 8600 SW 133 AVE., APT. #RD MIAMI FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALLE SORAIRE, TERESA D 905 SW 1ST., APT. #510 MIAMI FL 33130	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESCANDELL, BIANCA 905 SW 1ST., APT. #510 MIAMI FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA TORRE, ANTONIO 11545 SW 117 AVE. MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, EDDIE 8137 SW 24TH ST. DAVIE FL 33324	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EMILIA CEVALLOS 1530 CERTOSA AVE CORAL GABLES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUEÑAS OLGA 8309 N.W. 74 STREET TAMARAC, FLA 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL VALLE SORAIRE TERESITA 8862 W FLAGLER ST UNIT # 13 MIAMI FLA 33174	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELENA MOSQUERA 11431 S.W. 72 TERR MIAMI FLA 33173	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Olga Soriano* (305)324-7663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #