

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27911

FILED
May 01, 2009
Secretary of State

Entity Name: ECUADORIAN-AMERICAN CHAMBER OF COMMERCE OF GREATER MIAMI, INC.

Current Principal Place of Business:

3403 NW 82ND AVENUE
SUITE 310
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

3403 NW 82ND AVENUE
SUITE 310
MIAMI, FL 33122

New Mailing Address:

FEI Number: 65-0191036 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOPEZ, RUBEN CPA
3403 NW 82ND AVENUE
SUITE 310
MIAMI, FL 33122 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MALO, JUAN J
Address: 3403 NW 82ND AVENUE, SUITE 310
City-St-Zip: MIAMI, FL 33122

Title: VP () Delete
Name: FREILE, GUILLERMO
Address: 3403 NW 82ND AVENUE, SUITE 310
City-St-Zip: MIAMI, FL 33122

Title: TD () Delete
Name: PAZ, RINA
Address: 3403 NW 82ND AVENUE, SUITE 310
City-St-Zip: MIAMI, FL 33122

Title: SD () Delete
Name: AGUIRRE, FRANCISCO
Address: 3403 NW 82ND AVENUE, SUITE 310
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: RUIZ, GERMAN P
Address: 3403 NW 82ND AVENUE, SUITE 310
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: ACOSTA, EVAN
Address: 3403 NW 82ND AVENUE, SUITE 310
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN JOSE MALO

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date