

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90010 044 ***150.00

DOCUMENT # P13885

1. Entity Name

BANCO DEL PICHINCHA C.A.



Principal Place of Business

**CASA MATRIZ
 AV. AMAZONAS 4560 E INAQUITO
 QUITO, ECUADOR
 US**

Mailing Address

**1111 BRICKELL AVE
 26TH FL
 MIAMI FL 33131**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2752883

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**PAYAN, FRANCISCO
 1111 BRICKELL AVE 26TH FL
 MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SALAZAR-ERNESTO, DAVALOS	
STREET ADDRESS	AV AMAZONAS 4560 E INAQUITO	
CITY-ST-ZIP	QUITO, ECUADOR	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRESPO PONCE, CLAUDIO	
STREET ADDRESS	AV AMAZONAS 46540 E INAQUITO	
CITY-ST-ZIP	QUITO EC	
TITLE	D	<input type="checkbox"/> Delete
NAME	LASSO-MEJIA, CARLOS	
STREET ADDRESS	AV AMAZONAS 4560 E INAQUITO	
CITY-ST-ZIP	QUITO EC	
TITLE	D	<input type="checkbox"/> Delete
NAME	EGAS GRIJALVA, FIDEL	
STREET ADDRESS	AV AMAZONAS 4560 E INAQUITO	
CITY-ST-ZIP	QUITO EC	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANJA AVALOS, WILSON	
STREET ADDRESS	AV AMAZONAS 4560 E INAQUITO	
CITY-ST-ZIP	QUITO EC	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUAREZ BUCHELI, CARLOS	
STREET ADDRESS	AV AMAZONAS 4560 E INAQUITO	
CITY-ST-ZIP	QUITO EC	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVALOS SALAZAR, ERNESTO	
STREET ADDRESS	AV AMAZONAS 4560 E INAQUITO	
CITY-ST-ZIP	QUITO, ECUADOR	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESPO PONCE, CLAUDIO	
STREET ADDRESS	AV AMAZONAS 4560 E INAQUITO	
CITY-ST-ZIP	QUITO, ECUADOR	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ ESPINOSA, ANDRES	
STREET ADDRESS	AV AMAZONAS 4560 E INAQUITO	
CITY-ST-ZIP	QUITO, ECUADOR	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

2/25/04 (305) 350-6162