

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90201 049 ***150.00

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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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Country	
04252006		Chg-P		CR2E034 (11/05)	
4. FEI Number 59-2752883				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAYAN, FRANCISCO 1111 BRICKELL AVE 26TH FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVALOS SALAZAR, ERNESTO		NAME	Perez Espinoza, Andres	
STREET ADDRESS	AV AMAZONAS 4560 E INAQUITO		STREET ADDRESS	AV AMAZONAS 4560 E INAQUITO	
CITY-ST-ZIP	QUITO, ECUADOR,		CITY-ST-ZIP	QUITO, ECUADOR	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRESPO PONCE, CLAUDIO		NAME	EGAS SOSA, JUAN	
STREET ADDRESS	AV AMAZONAS 4560 E INAQUITO		STREET ADDRESS	AV AMAZONAS 4560 E INAQUITO	
CITY-ST-ZIP	QUITO, EC		CITY-ST-ZIP	QUITO, ECUADOR	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASSO MEJIA, CARLOS		NAME		
STREET ADDRESS	AV AMAZONAS 4560 E INAQUITO		STREET ADDRESS		
CITY-ST-ZIP	QUITO, EC		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAS GRIJALVA, FIDEL		NAME		
STREET ADDRESS	AV AMAZONAS 4560 E INAQUITO		STREET ADDRESS		
CITY-ST-ZIP	QUITO, EC		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANJA AVALOS, WILSON		NAME		
STREET ADDRESS	AV AMAZONAS 4560 E INAQUITO		STREET ADDRESS		
CITY-ST-ZIP	QUITO, EC		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ BUCHELI, CARLOS		NAME		
STREET ADDRESS	AV AMAZONAS 4560 E INAQUITO		STREET ADDRESS		
CITY-ST-ZIP	QUITO, EC		CITY-ST-ZIP		
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: _____		BANCO DEL PICHINCHA C.A. MIAMI AGENCY		4/26/06 (305) 3506162	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Francisco Payan DEPUTY MANAGER		Date Daytime Phone #	