


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 11, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90030 050 \*\*\*150.00

**DOCUMENT # P13885**  
 1. Entity Name  
**BANCO DEL PICHINCHA C.A.**



Principal Place of Business <b>CASA MATRIZ          AV. AMAZONAS 4560 E INAQUITO          QUITO, ECUADOR, EC</b>	Mailing Address <b>1111 BRICKELL AVE          26TH FL          MIAMI, FL 33131</b>
---	---

**66014020**



06062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2752883</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

**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 \$550.00  
 Due by September 12, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVALOS SALAZAR, ERNESTO AV AMAZONAS 4560 E INAQUITO QUITO, ECUADOR, EC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ ESPINOZA, ANDRES AV AMAZONAS 4560 E INAQUITO QUITO, EC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGAS SOSA, FIDEL E AV AMAZONAS 4560 E INAQUITO QUITO, EC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EGAS GRIJALVA, FIDEL AV AMAZONAS 4560 E INAQUITO QUITO, EC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANJA AVALOS, WILSON AV AMAZONAS 4560 E INAQUITO QUITO, EC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ BUCHELI, CARLOS AV AMAZONAS 4560 E INAQUITO QUITO, EC

**DO NOT WRITE IN THIS SPACE**

**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:**  **FRANCISCO PAYAN ADMIN/FINANCE MNGR. 6/6/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**(305) 350 6162**