

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90008 040 ****61.25

DOCUMENT # 760663

1. Entity Name
LIGA ECUATORIANA DE FLORIDA INC.



Principal Place of Business
**12227 S.W. 132ND COURT
MIAMI, FL 33186**

Mailing Address
**12227 S.W. 132ND COURT
MIAMI, FL 33186**

40047661



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-1102060

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, RAUL
14522 SW 138 PL
MIAMI, FL 33186**

Name **PESANTEZ, MANUEL P.**

Street Address (P.O. Box Number is Not Acceptable)

16622 S.W. 90 STREET

City **MIAMI**

FL

Zip Code **33196**

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

Manuel P. Pesantez

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

(NOTE: Registered Agent signature required when reinstating)

03-05-08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **RODRIGUEZ, RAUL**
STREET ADDRESS **14522 SW 138 PL**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **P** ☒ Change ☐ Addition
NAME **PESANTEZ, MANUEL P.**
STREET ADDRESS **16622 S.W. 90 STREET**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **VP** ☒ Delete
NAME **PESANTES, MANUEL P**
STREET ADDRESS **16622 SW 90 ST**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **VP** ☒ Change ☐ Addition
NAME **RODRIGUEZ, RAUL V.**
STREET ADDRESS **14522 SW 138 PLACE**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **T** ☐ Delete
NAME **JARA, KLEBER EDISON**
STREET ADDRESS **9735 NW 52 STREET #301**
CITY-ST-ZIP **DORAL, FL 331782030**

TITLE **JARA, KLEBER EDISON** ☒ Change ☐ Addition
NAME **JARA, KLEBER EDISON**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DEP** ☐ Delete
NAME **DONOSO, MARCELO**
STREET ADDRESS **14809 SW 90 TERR**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AUD** ☐ Delete
NAME **BARRAQUE, JESUS M.**
STREET ADDRESS **7380 N. AUGUSTA DR**
CITY-ST-ZIP **MIAMI LAKES, FL 33015**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **RP** ☐ Delete
NAME **PACHECO, MARTHA C.**
STREET ADDRESS **10196 SW 162 PL**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Manuel P. Pesantez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-05-08

Date

Daytime Phone #