

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003338

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** COMITE DE SOLIDARIDAD DE LAS ORGANIZACIONES ECUATORIANAS DE FLORIDA, INC.

**Current Principal Place of Business:**

5661 HAWKES BLUFF AVE  
DAVIE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 22892  
HIALEAH, FL 33002

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOMINGUEZ, SONNIA S  
5661 HAWKES BLUFF AVE  
DAVIE, FL 33331    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: D                      ( ) Delete  
Name: DOMINGUEZ, SONNIA S  
Address: 5661 HAWKES BLUFF AVE  
City-St-Zip: DAVIE, FL 33331

Title: D                      ( ) Delete  
Name: GOMEZ, ROY  
Address: 4926 TRADEWINDS TERR  
City-St-Zip: DAVIE, FL 33312

Title: T                      ( ) Delete  
Name: YEPEZ, CARLOS  
Address: 15250 SW 61 ST  
City-St-Zip: MIAMI, FL 33193

Title: P                      ( ) Delete  
Name: LEMOS, GUSTAVO  
Address: 2280 S.W. 32ND AVE #606  
City-St-Zip: MIAMI, FL 33145

Title: VP                      ( ) Delete  
Name: VITE, FANNY  
Address: 10294 S.W. 139 PL  
City-St-Zip: MIAMI, FL 33186

**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:

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: GUSTAVO LEMOS

P

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date