2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N03000003338

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