

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 06, 2009  
Secretary of State**

DOCUMENT# N05000000755

Entity Name: ECUADORIAN RESOURCES FOUNDATION, INC.

**Current Principal Place of Business:**

7245 NW 44 ST  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

7245 NW 44 ST  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 20-2218641      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GONZALEZ, WILSON E  
7245 NW 44 ST  
MIAMI, FL 33166      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: P      ( ) Delete  
Name: GONZALEZ, WILSON E SR  
Address: 7245 NW 44 ST  
City-St-Zip: MIAMI, FL 33166

Title: V      ( ) Delete  
Name: GONZALEZ, WILSON E JR  
Address: 7245 NW 44 ST  
City-St-Zip: MIAMI, FL 33166

Title: S      ( ) Delete  
Name: GONZALEZ, MARITHZA V  
Address: 7245 NW 44 ST  
City-St-Zip: MIAMI, FL 33166

Title: S      ( ) Delete  
Name: GONZALEZ, DANIELA N  
Address: 7245 NW 44 ST  
City-St-Zip: MIAMI, FL 33166

**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:

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: WILSON E GONZALEZ

PD

05/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date