

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13345

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** ACCION DE MUJERES ECUATORIANAS CORP.

**Current Principal Place of Business:**

10973 SW 238 TERRACE  
HOMESTEAD, FL 33032 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 924476  
MIAMI, FL 33092 US

**New Mailing Address:**

**FEI Number:** 65-0048968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FALCONI, MARIA C  
10973 SW 238 TERRACE  
HOMESTEAD, FL 33032 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:** PD  
**Name:** FALCONI, MARIA C  
**Address:** 10973 SW 238 TERRACE  
**City-St-Zip:** HOMESTEAD, FL 33032 US

**Title:** VP  
**Name:** STAGG, CARMEN  
**Address:** 251 SW 134 WAY APT.# M-112  
**City-St-Zip:** PEMBROKE PINES, FL 33027 US

**Title:** T  
**Name:** MOSQUERA, LOURDES  
**Address:** 15359 SW 43 TERRACE  
**City-St-Zip:** MIAMI, FL 33185 US

**Title:** S  
**Name:** QUEVEDO, MARIANA  
**Address:** 5295 NE 3RD COURT  
**City-St-Zip:** MIAMI, FL 33137 US

I hereby 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 all other like empowered.

**SIGNATURE:** MARIA DEL CARMEN FALCONI

PD

04/17/2012

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

\_\_\_\_\_  
Date