

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90431 042 ****61.25

DOCUMENT # N96000006370

1. Entity Name
ECUADORIAN AMERICAN CLUB OF BROWARD, INC.



Principal Place of Business
1010 FAIRFAX LANE
WESTON, FL 33326

Mailing Address
PO BOX 266304
WESTON, FL 33326

94064433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0705506

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CABRERA, CESAR M
4251 SW 138 CT.
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

TITLE TD ☒ Delete
NAME CARRILLO, BEATRIC P
STREET ADDRESS 10931 SW 10TH PLACE
CITY-ST-ZIP DAVIE, FL 33324

TITLE PD ☒ Delete
NAME ALVARADO, LEONOR TERAN
STREET ADDRESS 6901 ENVIRON BLVD #2F
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE SD ☒ Delete
NAME SILVA, FABIOLA
STREET ADDRESS 201 RACQUET CLUB #204
CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☒ Change ☐ Addition
NAME GRESELY MARIA T.
STREET ADDRESS 5631 SW 82nd Ave.
CITY-ST-ZIP DAVIE, FL 33328

TITLE PD ☒ Change ☐ Addition
NAME PEREGRINA, MIRIAM
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition
NAME DYMOND MONSY
STREET ADDRESS
CITY-ST-ZIP

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

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

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 exemption stated in Section 119.07(3)(i), 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: *Maria T. Gresely* MARIA T. GRESELY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04
Date

954 680-9241
Daytime Phone #