2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # N9600006370 1. Entity Name ECUADORIAN AMERICAN CLUB, INC.							04-24-2006 90440 014 ****70.00					
Principal Plac #010 FAIRF/ WESTON, FL	AX LANE	PO BO	Address 0X 266304 0N, FL 33326			-				500	11601	3
2. Principal P	Place of Business	3. Maili	ng Address									
1011 FAIRFAY LANE							1 (00)((0) 01	# 101t0 Billi #	DIM MBELL RDI	ii Baili Malia		
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.				04122006	Chg-N	P	CR2E	037 (11/05)	
City & State	ON, FL	City	& State				4. FEI Numb 65-070	er 5506			-	Applied For lot Applicable
Zip 333	326 Country	Zip		Cou	intry	·	5. Certificate	of Status	Desired	×	\$8.75 Ac Fee Requir	
	6. Name and Address of Curren	t Registered	i Agent				7. Name and		of New R	egistered	d Agent	
CABRERA 4251 SW	A, CESAR M	•	:				E GUE		cceptable	2)		
MIAMI, FL					140	20 1	P.O. Box Numb	OTH A	VE,	#2	02	
:					City						Zip Co	de
					DEL	RA	Y BEA	eH		F	-	3 447
	named entity submits this statement tons of registered agent.	for the purpo	ise of changing its r	egistere	ed office or	r register	ed agent, or bo	ith, in the S	State of Fig	orida. I ar	m familiar with	i, and accept
5	in Daria	4)	_									
SIGNATURE	y rome	one	me_									
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if appli	cable. (NOTE:	Registere	d Agent signati	ure required	when reinstating)	·		DATE		
SIGNATURE	Signature, typed or printed name of registered ages Filling Fee is \$61.25 Due by May 1, 2006	nt and title if appli	9. Election Cam Trust Fund Co	paign F	inancing	_	\$5.00 May B	30		ake che	ck payable	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06

561-843-104/