

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90440 014 \*\*\*\*70.00

**DOCUMENT # N96000006370**

1. Entity Name  
**ECUADORIAN AMERICAN CLUB, INC.**



Principal Place of Business  
**1011 FAIRFAX LANE**  
**WESTON, FL 33326**

Mailing Address  
**PO BOX 266304**  
**WESTON, FL 33326**

**50016013**

2. Principal Place of Business

**1011 FAIRFAX LANE**

3. Mailing Address

Suite, Apt. #, etc.

04122006 Chg-NP CR2E037 (11/05)

City & State

**WESTON, FL**

City & State

4. FEI Number  
**65-0705506**

Applied For

Not Applicable

Zip

**33326**

Country

Zip

Country

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 **ROSIE GUERRA**

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

**1420 NW 20TH AVE, #202**

City

**DELRAY BEACH**

FL

Zip Code

**33445**

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

*Rosie Guerra*

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, 2006**

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 **GRESELY, MARIA T**  
STREET ADDRESS **5631 SW 82ND AVE**  
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE **PD** ☐ Delete  
NAME **PEREGRINA, MIRYAM**  
STREET ADDRESS **5255 COLLINS AVE., APT. 8B**  
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **SD** ☐ Delete  
NAME **DYMOND, MONSY**  
STREET ADDRESS **5818 NW 80 TERRACE**  
CITY-ST-ZIP **PARKLAND, FL 33067**

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 **ROSIE GUERRA**  
STREET ADDRESS **1420 NW 20TH AVE, #202**  
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

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

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

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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 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.

SIGNATURE:

*Rosie Guerra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/06**

Date

**561-843-1041**

Daytime Phone #