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Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90425 001 ***150.00
04-30-2004 90425 002 ****10.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000083352

1. Entity Name
GRUPO EMPRESARIAL MUNOZ CORP.

66417221

Principal Place of Business	Mailing Address
SAN IGNACIO 157 (AE&P) ED. QUINARA, P.B. QUITO, PICHINCHA, 1716	SAN IGNACIO 157 (AE&P) ED. QUINARA, P.B. QUITO, PICHINCHA, 1716
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04202004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-1137511 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTOYA, EDWARD PA
888 BRICKLE AVE. 5TH FL
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Edward Montoya
Street Address (P.O. Box Number is Not Acceptable): 232 Andalusia Avenue, Suite 370
City: Coral Gables FL Zip Code 33134

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 ____________ 04/20/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MUNOZ, GONZALO	NAME	
STREET ADDRESS	URBANIZACION PINAR BAJO MANUEL ROMO NO. 43	STREET ADDRESS	
CITY-ST-ZIP	QUITO, ESTADO ECUADOR,	CITY-ST-ZIP	
TITLE	VPSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MUNOZ, DELIA MARIA	NAME	
STREET ADDRESS	URBANIZACION PINAR BAJO MANUEL ROMO NO. 43	STREET ADDRESS	
CITY-ST-ZIP	QUITO, ESTADO ECUADOR,	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE MUNOZ, DELIA JIMENEZ	NAME	
STREET ADDRESS	URBANIZACION PINAR BAJO MANUEL ROMO NO. 43	STREET ADDRESS	
CITY-ST-ZIP	QUITO, ESTADO ECUADOR,	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: ____________ Gonzalo Muñoz 04/20/04 305.445.9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #