2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083352

City-St-Zip:

QUITO, ESTADO ECUADOR,

Entity Name: GRUPO EMPRESARIAL MUNOZ CORP

FILED Apr 20, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:	
SAN IGNACIO 157 (AE&P),ED.QUINARA P.B.				SAN IGNACIO 157 (AE&P),ED.QUINARA	
QUITO 1 PICHINCH				PB QUITO, PI ECUADOR	XX
Current Mailing Address:				New Mailing Address:	
SAN IGNACIO 157 (AE&P),ED.QUINARA P.B. QUITO 1716				SAN IGNACIO 157 (AE&P),ED.QUINARA	
PICHINCH				PB QUITO, PI ECUADOR	XX
FEI Number:	: 65-1137511	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
MONTOYA, EDWARD 232 ANDALUSIA AVENUE SUITE 370 CORAL GABLES, FL 33134 US				MONTOYA, EDWARD 144400 NW 77TH COURT MIAMI LAKES, FL 33016 US	
The above in the State	named entity : e of Florida.	submits this statement for the p	ourpose c	of changing its registered	office or registered agent, or both,
SIGNATURE: EDWARD MONTOYA				04/20/2005	
Electronic Signature of Registered Agent				Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MUNOZ, GONZ	N PINAR BAJO MANUEL ROMO NO. 4	43	Title: (Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MUNOZ, DELIA	N PINAR BAJO MANUEL ROMO NO.	43	Title: (Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	DE MUNOZ, DE	Delete ELIA JIMENEZ N PINAR RA IO MANUEL ROMO NO A	43	Title: (Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GONZALO MUNOZ MR. 04/20/2005