

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083352

FILED
May 01, 2007
Secretary of State

Entity Name: GRUPO EMPRESARIAL MUNOZ CORP.

Current Principal Place of Business:

SAN IGNACIO 157 (AE&P),ED.QUINARA
PB
QUITO, PI ECUADOR XX

New Principal Place of Business:

Current Mailing Address:

C/O MARCELL FELIPE, 1401 BRICKELL AVENUE
SUITE 500
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-1137511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELIPE, MARCELL
1401 BRICKELL AVENUE
SUITE 500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MUNOZ, GONZALO
Address: URBANIZACION PINAR BAJO MANUEL ROMO NO. 43
City-St-Zip: QUITO, ESTADO ECUADOR,

Title: VPSD () Delete
Name: MUNOZ, DELIA MARIA
Address: URBANIZACION PINAR BAJO MANUEL ROMO NO. 43
City-St-Zip: QUITO, ESTADO ECUADOR,

Title: TD () Delete
Name: DE MUNOZ, DELIA JIMENEZ
Address: URBANIZACION PINAR BAJO MANUEL ROMO NO. 43
City-St-Zip: QUITO, ESTADO ECUADOR,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MUNOZ,GONZALO

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date