

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000100268

1. Entity Name
ECUADORIAN PROMOTIONS, INC.



FILED
05 NOV 18 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**900 INGRAHAM BLDG 25 SE 2 AVE
MIAMI, FL 33131**

Mailing Address
**900 INGRAHAM BLDG 25 SE 2 AVE
MIAMI, FL 33131**

2. Principal Place of Business
2600 Douglas Road

3. Mailing Address
2600 Douglas Road

Suite, Apt. #, etc.
Suite 1004

Suite, Apt. #, etc.
Suite 1004

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
USA

Zip
33134

Country
USA



09142005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1336495

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MURAI WALD BIONDO MORENO & BROCHIN, P.A.
900 INGRAHAM BUILDING, 25 SE 2 AVE
MIAMI, FL 33131**

7. Name and Address of New Registered Agent
Name
MURAI WALD BIONDO MORENO & BROCHIN, P.A.
Street Address (P.O. Box Number is Not Acceptable)
Two Alhambra Plaza, Penthouse 1B
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 *[Signature]* **Vice President** **11/15/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by October 1, 2005

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 DIPS	<input type="checkbox"/> Delete	TITLE 000061552040	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUIS N. ISAIAS		NAME 11/18/05--01052--006 **\$50.00	
STREET ADDRESS 2600 DOUGLAS RD SUITE 1004		STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES, FL 33134		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MICHAEL P. REYES		NAME	
STREET ADDRESS 2600 DOUGLAS RD STE 1004		STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES, FL 33134		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT
05
T. Roberts NOV 22 2005