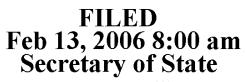
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P04000100268  1. Entity Name ECUADORIAN PROMOTIONS, INC.										06 90031 03		
Principal Place of Business				Mailing Address								
2600 DOUGLAS ROAD Suite 1004				2600 DOUGLAS ROAD Suite 1004								
CORAL GABLES, FL 33134			C	CORAL GABLES, FL 33134						INTERNATION	EGIIA IIBIA GIIBI II	# <b>19</b> 1 (1 (111)
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02092006	Chg-P	CR2E	034 (11/05)	
City & State				City & State			_	4. FEI Numb 20-133			<u> </u>	oplied For ot Applicable
Zip	Country			Zip	Coun	try	S. Certificate of Status Desired					
6. Name and Address of Current F				tered Agent	J		7. Name and Address of New Registered Agent					
MURAI WALD BIONDO MORENO & BROCHIN, P.A.						Name						
TWO ALHAMBRA PLAZA PENTHOUSE 1 CORAL GABLES, FL 33134						Street Ad	idress (	P.O. Box Numb	er is Not Acces	otable)		
						City				F		
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, 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, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees												_
10.	222	OFFICERS AND	DIRE		11.			ADDITIONS	CHANGES TO	OFFICERS AN		
TITLE NAME	Delete ITTI					l l					Change	Addition
STREET ADDRESS CITY-ST-ZIP	2600 DOUGLAS RD SUITE 1004 STR CORAL GABLES, FL 33134 CFR						396 con	ALHAABRA AX GAYLES	CIRCLOS	3134		
TITLE	VP Delete 11171							······		<del></del>	Change	Addition
NAME STREET ADDRESS	-	MEDARDO P JGLAS RD STE 1004			NAM STRE	ET ADDRESS	396 4	GLHAMBAN C	Micco ST	110		
CITY - ST - ZIP		SABLES, FL 33134			ÇITY	-ST-ZIP	Coll	nk 6454	1, FA	33134		
TITLE				☐ Delete	TITLI	.					☐ Change	☐ Addition
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
title Name				☐ Delete	TITLI NAM	I					☐ Change	■ Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
TITLE				☐ Delete	TITL	E			-	<u> </u>	Change	☐ Addition
NAME STREET ADDRESS					NAM	EET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	TITLI NAM						Change	☐ Addition
STREET ADDRESS				_		EET ADDRESS						
CITY-ST-ZIP						-ST-ZIP		die Observer	0.51			
12. Thereby of indicated of the cor	certify that th l on this repo poration or t	le information supplied wit ort or supplemental report in the receiver of trustee emo	n this i s true lowere	ming doesynot qualify for and accurate and that red to execute this report	or the ex my signa : as requi	emptions co ture shall ha ired by Chai	ontained ave the oter 601	a in Unapter 11 same legal effe 7. Florida Statut	e, Florida Statu ct as if made u es: and that mu	ites. I turther ci nder oath; that r name annear	ertity that the i I am an office s in Block 10 c	ntormation r or director or Block 11 if
changed,	or on an att	he receiver of trustee emp achment with an address,	with a	Il other like empowered		J			_	appoint		
SIGNAT	URE: _	Vel.	AC	Type -			_	02.09	7.06			
		SIGNATURE AND TYPED OR	PRINTE	DNAME OF SIGNING OFFICER	OR DIREC	TOR			Date		Daytime Phone #	