2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000131960

Address:

City-St-Zip:

Entity Name: ERAZO & ROJAS CORPORATION

FILED Apr 26, 2009 Secretary of State

Entity Name: ERAZO & ROJAS CORPORATION						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
4445 NW 1 DORAL, FI						
Current Mailing Address:			New Mailing Address:			
4445 NW 1 DORAL, FI						
FEI Number:	20-5728405	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
ROJAS, W 4445 NW 1 DORAL, FI		8				
	named entity e of Florida.	submits this statement for the p	urpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			nt	Date		
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DPT (ROJAS, WASH 4445 NW 110T DORAL, FL 33	нст	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DVPS (ERAZO, VICEN LUIS DE BETH QUITO, ECUAL	OVEEN E2-90	Title: Name: Address: City-St-Zip:	ERAZO, VICI 6 DE DICIEM	(X) Change ()Addition ENTA /BRE N46-243 Y EL INCA LOCAL 15 CUADOR EC	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DVPS MENA, KATT 4445 NW 11 DORAL, FL	0ТН СТ	
Title: Name:	() Delete	Title: Name:	DVPS UTRERAS. D	() Change (X) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: WASHINGTON ROJAS DPT 04/26/2009

GONZALO JIMENEZ DE QUEZADA 365

QUITO, PI ECUADOR EC