

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # 726864

1. Entity Name
MUNICIPIO DE PUERTO PADRE EN EL EXILIO, INC.



Principal Place of Business
**2513 SW 112 CT
MIAMI, FL 33165 US**

Mailing Address
**2513 SW 112 CT
MIAMI, FL 33165 US**



01082004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1987552

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MULET, ALBERTO
2513 SW 112 CT
MIAMI, FL 33165**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FERNANDEZ, ALFREDO
3220 NW 14 TERRACE
MIAMI, FL 33184**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MULET, ALBERTO
2513 SW 112 CT
MIAMI, FL 33165**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
PEDRAZA, ISIDRO F.
741 NAVARRE AVE.
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
TUR, RAPHAEL
14306 S.W. 90 TER
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000005119
01/15/04-80039-021 61.25

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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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #