


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90006 026 ****61.25

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

40008601



01292007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
 3091 SW 133 CT
 Suite, Apt. #, etc.

3. Mailing Address
 3091 SW 133 CT
 Suite, Apt. #, etc.

City & State
 MIAMI FL

City & State
 MIAMI FL

Zip
 33175

Country

Zip
 33175

Country

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

7. Name and Address of New Registered Agent
 Name
 PAUL CATALA
 Street Address (P.O. Box Number is Not Acceptable)
 3091 SW 133 CT
 City
 MIAMI FL Zip Code
 33175

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 Paul T. Catala DATE 1/29/07
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNANDEZ, ALFREDO 3220 NW 14 TERRACE MIAMI, FL 33184 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULET, ALBERTO 2513 SW 112 CT MIAMI, FL 33165 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FUENTE, SERAFIN 13244 SW 29 TERRACE MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ALVAREZ, ERIC 427 GOLDEN ISLE DA, # 6C HALLANDALE, FL 33009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MULET, ALBERTO 2513 SW 112 CT MIAMI, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAUL CATALA 3091 SW 133 CT MIAMI, FL 33175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Paul T. Catala Date 305 554-1564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR