2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # 726864

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

Principal Place of Business
3091 SW 133 CT
MIAMI, FL 33175 US

Mailing Address
3091 SW 133 CT
MIAMI, FL 33175 US

01162008 No Chg-NP CR2E037 (4/06)

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

CATALA, PAUL
3091 SW 133 CT
MIAMI, FL 33175

DO NOT WRITE 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 PAUL T. CATALA 01/16/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

U000001790436
01/23/08-80033-010 61.25

Filing Fee Is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	FERNANDEZ, ALFREDO
STREET ADDRESS	3220 NW 14 TERRACE
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	TD
NAME	MULET, ALBENTO
STREET ADDRESS	2513 SW 112 CT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VS
NAME	ALVAREZ, ERIC
STREET ADDRESS	427 GOLDEN ISLE DA, # 6C
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	PD
NAME	CATALA, PAUL
STREET ADDRESS	3091 SW 133 CT
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 01/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #