2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# 746843

Entity Name: MUNICIPALITY OF GUANE IN EXILE, INC.

Current Principal Place of Business:

3620 SW 60 AVENUE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

3620 SW 60 AVENUE
MIAMI, FL 33155

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SUAREZ, ANTONIO E TREASUR
3620 SW 60 AVENUE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FLORES, LEONILA
Address: 1525 TREVINO AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete
Name: SUAREZ, ANTONIO E T
Address: 3620 SW 60 AVENUE
City-St-Zip: MIAMI, FL 33155

Title: S ( ) Delete
Name: YUT, PAULA N
Address: 8811 FOUNTAINBLEAU BLVD. #203
City-St-Zip: MIAMI, FL 33172

Title: VS ( ) Delete
Name: CRUZ, FEDERICO VS
Address: 11443 SW 7 TERRACE
City-St-Zip: MIAMI, FL 33174

Title: VP ( ) Delete
Name: INVIERNO, CELEDONIO VP
Address: 493 EAST 30 ST
City-St-Zip: HIALEAH, FL 33013

Title: VT ( ) Delete
Name: MARTIN, ALFREDO VT
Address: 3425 SW 78 CT.
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FLORES, LEONILA P
Address: 1525 TREVINO AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: YUT, PAULA N S
Address: 8811 FOUNTAINBLEAU BLVD. #203
City-St-Zip: MIAMI, FL 33172

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUAREZ, ANTONIO E. T 05/12/2009

Electronic Signature of Signing Officer or Director — Date