


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 747590**

1. Entity Name  
**MUNICIPIO DE BAYAMO, MONUMENTO NACIONAL (EN EL EXILIO), INC.**



Principal Place of Business  
**4315 N.W. 7TH STREET, SUITE 12  
 MIAMI, FL 33126**

Mailing Address  
**4315 N.W. 7TH STREET, SUITE 12  
 MIAMI, FL 33126**



01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LABAUT, SATURNINO  
 7164 SW 13 TERRACE  
 MIAMI, FL 33144**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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	PD LABAUT, SATURNINO 7164 SW 13 TERR MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORALES-GEORGE, HECTOR 4011 TOLEDO ST CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CEDENO, JORGE 4315 N.W. 7TH STREET, #12 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LABAUT, CLARA 7164 SW 13 TERR MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BENITEZ, JUAN M 10865 SW 3 ST MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TROYANO, JOSE 1620 SW 2 STREET MIAMI, FL 33135

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 01/18/06-80048-004 61.25

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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: Saturnino Labaut Saturnino Labaut 01/11/06 305 261 4555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #