

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747590

FILED
Mar 16, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LABAUT, SATURNINO
7164 SW 13 TERRACE
MIAMI, FL 33144 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: PD () Delete
Name: LABAUT, SATURNINO
Address: 7164 SW 13 TERR
City-St-Zip: MIAMI, FL 33144

Title: VD () Delete
Name: MORALES-GEORGE, HECTOR
Address: 4011 TOLEDO ST
City-St-Zip: CORAL GABLES, FL 33146

Title: TD () Delete
Name: CEDENO, JORGE
Address: 4315 N.W. 7TH STREET, #12
City-St-Zip: MIAMI, FL 33126

Title: SD () Delete
Name: LABAUT, CLARA
Address: 7164 SW 13 TERR
City-St-Zip: MIAMI, FL 33144

Title: VTD () Delete
Name: BENITEZ, JUAN M
Address: 10865 SW 3 ST
City-St-Zip: MIAMI, FL 33165

Title: VSD () Delete
Name: TROYANO, JOSE
Address: 1620 SW 2 STREET
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: JORGE CEDENO

TD

03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date