

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 766229

1. Entity Name

LICEO DE PUNTA BRAVA EN EL EXILIO, INC.



Principal Place of Business

1344 N.W. 6TH ST
APT #4
MIAMI, FL 33125

Mailing Address

1344 N.W. 6TH ST
APT #4
MIAMI, FL 33125



04212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0528732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALONSO, FELIPE
2599 N.W. 13TH ST.,
SUITE 1
MIAMI, FL 33125

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	V
NAME	ALONSO, FELIPE
STREET ADDRESS	2599 N.W. 13TH ST., #1
CITY- ST- ZIP	MIAMI, FL
TITLE	P
NAME	ORTETES, VALDES
STREET ADDRESS	12928 SW 143 TERR
CITY- ST- ZIP	MIAMI, FL 33186
TITLE	S
NAME	ARGUELLES, CARMEN
STREET ADDRESS	1344 NW 6 ST #4
CITY- ST- ZIP	MIAMI, FL 33125
TITLE	VP
NAME	CASTAD, RICHARD
STREET ADDRESS	430 NW 56 TERR
CITY- ST- ZIP	PEMBROKE PINES, FL 33024
TITLE	TD
NAME	VALDES, LIDIA
STREET ADDRESS	6437 W FLAGLER ST APT #3
CITY- ST- ZIP	MIAMI BEACH, FL
TITLE	VTD
NAME	VALDES, JOSE
STREET ADDRESS	1830 N.W. 16TH ST
CITY- ST- ZIP	MIAMI, FL

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05/13/08-80037-019 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 305-476-9743
Date Daytime Phone #