2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N05000002498 04-20-2006 90201 039 ****61.25 1. Entity Name MUNICIPIO DE GIBARA EN EL EXILIO, INC. Principal Place of Business Mailing Address 66051583 943 W 65TH ST HIALEAH FL 33012 943 W 65TH ST HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 49-3800866 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** Zip Code 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. Lam lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and time 4 approache (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 П Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TILE Delete TITLE ☐ Change ☐ Addition LOPEZ, WILBERTO NAME NAME 943 W 65TH ST STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEREZ-BURTON, RAMON ANTONIO NAME NAME 943 W 65TH ST STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-2IP CJIY-SI-7IP TITLE Change Addition NAME. PEREZ, LOURDES NAME STREET ADDRESS 943 W 65TH ST STREET ADDRESS CITY-ST-7IP HIALEAH FL 33012 CUTY-ST-ZIP TITLE Delete ☐ Chance ☐ Addition NAME MARTINEZ, CANDI NAME STREET ADDRESS 943 W 65TH ST STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DIF Delete THILE Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP СЛУ-ST-ZI2

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

WILBERTO Lopez

FILED Jul 05, 2006 8:00 am

305-558-1978