2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001296

FILED Apr 28, 2008 Secretary of State

Entity Nar	ne: MUNICIPIO DE BARACOA EN EL EXILIO,	INC.		
Current Principal Place of Business:		New Principal Place of Business:		
13345 SW MIAMI, FL				
Current Mailing Address:		New Mailing Address:		
13345 SW MIAMI, FL				
FEI Number: FEI Number Applied For ()		El Number Not Applicable (X) Certificate of Status Desired ()		
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
1111 SW 9 MIAMI, FL	33174 US			
	named entity submits this statement for the purper of Florida.	pose of changing i	ts registered office or registered agent, or both,	
SIGNATUR				
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete PALMA, ARMANDO J 13345 SW 36 ST MIAMI, FL 33175	Title: Name: Address: City-St-Zip:	P (X) Change () Addition ROBAS, ANTONIO 11133 NW FLAGLER TERR. MIAMI, FL 33172	
Title: Name: Address: City-St-Zip:	D () Delete GARCIA, ILEANA 5230 SW 5 TERR MIAMI, FL 33134	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete ESCACENA, EDUARDO 1142 SW 138 PL MIAMI, FL 33184	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete RODRIGUEZ, JUAN J 1111 SW 93 PL MIAMI, FL 33174	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete OSLE, DULCE 201 - 178 DR # 210 SUNNY ISLE BEACH, FL 33160	Title: Name: Address: City-St-Zip:	()Change()Addition	

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: ANTONIO ROBAS Ρ 04/28/2008