

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11014

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** MUNICIPALITIES OF CUBA IN EXILE (OFFICIAL) INC.

**Current Principal Place of Business:**

4610 NW 7 ST  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

4610 NW 7 ST  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 59-2831032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRITO, JOSE M  
4610 NW 7 ST  
MIAMI, FL 33126 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: P  
Name: FERNANDEZ PADRON, ROLANDO  
Address: 6218 SW 8TH STREET  
City-St-Zip: MIAMI, FL 33144

Title: T  
Name: ECHEVARRIA, MARIO L  
Address: 399 GOLDEN BEACH DR  
City-St-Zip: GOLDEN BEACH, FL 33160

Title: S  
Name: RIQUENES MONTERO, EDDY LIC  
Address: 5910 SW 10TH STREET  
City-St-Zip: MIAMI, FL 33144

Title: D  
Name: PERMUY, JESUS A AICP  
Address: 335 FLUVIA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: ALZUGARAY, MANUEL A MD  
Address: 2340 CORAL WAY  
City-St-Zip: MIAMI, FL 33145

Title: VP  
Name: INVIERNO, CELEDONIO  
Address: 493 EAST 30TH STREET APT # 1  
City-St-Zip: HIALEAH, FL 33013

I hereby 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 all other like empowered.

SIGNATURE: MARIO ECHEVARRIA

T

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date