


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90479 013 ****61.25

DOCUMENT # N14264					
1. Entity Name MUNICIPALITY OF CAMAGUEY IN THE EXILE CORPORATION (MUNICIPIO DE CAMAGUEY EN EL EXILO CORPORATION)					
Principal Place of Business 8532 SW 8TH ST 286 MIAMI, FL 33174 US		Mailing Address P O BOX #441915 MIAMI, FL 33144 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2727232	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOTIFOLL VENTURA, RAUL 11341 SW 69 TERR MIAMI, FL 33173			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOTIFOLL VENTURA, RAUL	NAME			
STREET ADDRESS	11341 SW 69 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINEZ, DARIO C	NAME			
STREET ADDRESS	4051 SW 112 AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BETANCOURT SANZ, ULISES	NAME			
STREET ADDRESS	1121 SW 122 AVENUE #315	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33184	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ORDAZ, ISABEL	NAME			
STREET ADDRESS	12810 SW 43RD DR. #117B	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 331754	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANCHEZ, EMMA B	NAME			
STREET ADDRESS	9340 W FLAGLER ST #104	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33174	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Isabel Ordaz</i>		ISABEL ORDAZ		4/27/05 (305) 266-6191	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Day/Time Phone #	



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