


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90015 013 \*\*\*\*61.25

<b>DOCUMENT # N14264</b>					
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		50000459	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02212006 Chg-NP CR2E037 (11/05)	
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 BOTIFOLL VENTURA, RAUL 11341 SW 69 TERR MIAMI, FL 33173			7. Name and Address of New Registered Agent Name <u>ISABEL ORDAZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>12810 SW 43 DR 117B</u> City <u>MIAMI</u> FL Zip Code <u>33175</u>		
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 <u>Isabel Orday</u> Signature, typed or printed name of registered agent and title if applicable.		<u>ISABEL ORDAZ</u> (NOTE: Registered Agent signature required when reinstating)		<u>2/24/06</u> DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	DP BOTIFOLL VENTURA, RAUL 11341 SW 69 TERRACE MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARIANO LORET DE MOLA 10215 SW 91 TER MIAMI FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARTINEZ, DARIO C 4051 SW 112 AVE MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BETANCOURT SANZ, ULISES 1121 SW 122 AVENUE #315 MIAMI, FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ORDAZ, ISABEL 12810 SW 43RD DR. #117B MIAMI, FL 331754 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SANCHEZ, EMMA B 9340 W FLAGLER ST #104 MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EDUARDO PELAEZ 8880 SW 87 ST. MIAMI FL 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: <u>Isabel Orday</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>ISABEL ORDAZ</u>		<u>2/24/06</u> Date Daytime Phone #	