


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N14264**

1. Entity Name  
**MUNICIPALITY OF CAMAGUEY IN THE EXILE CORPORATION (MUNICIPIO DE CAMAGUEY EN EL EXILO CORPORATION)**



Principal Place of Business      Mailing Address

8532 SW 8TH ST  
 286  
 MIAMI, FL 33174    US

P O BOX #441915  
 MIAMI, FL 33144    US

**DO NOT WRITE IN THIS SPACE**



02072007 No Chg-NP      CR2E037 (4/06)

4. FEI Number  
**59-2727232**      Applied For  
 Not Applicable

5. Certificate of Status Desired          **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ORDAZ, ISABEL  
 12810 SW 43 DR 117B  
 MIAMI, FL 33175

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.          **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LORET DE MOLA, MARIANO 1025 SW 01 TERR MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARTINEZ, DARIO C 4051 SW 112 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BETANCOURT SANZ, ULISES 1121 SW 122 AVENUE #315 MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ORDAZ, ISABEL 12810 SW 43RD DR. #117B MIAMI, FL 331754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SANCHEZ, EMMA B 9340 W FLAGLER ST #104 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PELAEZ, EDUARDO 8880 SW 87 ST MIAMI, FL 33173

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 03/01/07-80048-006 61.25

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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 empowerments.

**SIGNATURE:** Isabel Oraz **PRESIDENT**      2-7-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/Time Phone #