


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
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 8532 SW 8TH ST 286 MIAMI, FL 33174 US	Mailing Address P O BOX #441915 MIAMI, FL 33144 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000782184
 01/15/08-80063-024 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LORET DE MOLA, MARIANO 1025 SW 91 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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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: _____ **1-9-08** **(305)4314482**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #