

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N14264

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

Current Principal Place of Business:

8532 SW 8TH ST
286
MIAMI, FL 33174 US

New Principal Place of Business:

New Mailing Address:

8532 SW 8TH ST
286
MIAMI, FL 33174 US

Current Mailing Address:

P O BOX #441915
MIAMI, FL 33144 US

FEI Number: 59-2727232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORDAZ, ISABEL
12810 SW 43 DR 117B
MIAMI, FL 33175 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: DP () Delete
Name: LORET DE MOLA, MARIANO
Address: 1025 SW 91 TERR
City-St-Zip: MIAMI, FL 33176

Title: DV () Delete
Name: MARTINEZ, DARIO C
Address: 4051 SW 112 AVE
City-St-Zip: MIAMI, FL 33165

Title: DS () Delete
Name: BETANCOURT SANZ, ULISES
Address: 1121 SW 122 AVENUE #315
City-St-Zip: MIAMI, FL 33184

Title: DT () Delete
Name: ORDAZ, ISABEL
Address: 12810 SW 43RD DR. #117B
City-St-Zip: MIAMI, FL 331754

Title: DVP () Delete
Name: SANCHEZ, EMMA B
Address: 9340 W FLAGLER ST #104
City-St-Zip: MIAMI, FL 33174

Title: DVP () Delete
Name: PELAEZ, EDUARDO
Address: 8880 SW 87 ST
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LORET DE MOLA MARIANO

DP

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date