


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003486
 1. Entity Name
 MUNICIPIO DE COLON EN EL EXILIO, INC.



Principal Place of Business: 2923 NW 22ND AVE., #7 MIAMI, FL 33142
 Mailing Address: 2923 NW 22ND AVE., #7 MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE



02092005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 65-0997162 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FALCON, ROSARIO
 2923 NW 22ND AVE., #7
 MIAMI, FL 33142

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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: *Rosario Falcon* 02/27/05 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, 2005

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

\$61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FALCON, ROSARIO
STREET ADDRESS	2923 NW 22ND AVE., #7
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VD
NAME	ALFONSO, BENIGNO M
STREET ADDRESS	2460 SW 140TH AVE.
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	TD
NAME	PERERA, LIBERTAD E
STREET ADDRESS	7270 SW 113TH CT. CIR.
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	GUTIERREZ, JORGE
STREET ADDRESS	9173 FOUNTAINBLUE BLVD., #4
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/09/05-80038-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Libertad E. Perera (Libertad E. Perera)* 02/27/05 (305)274-3670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #