


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 21, 2007 8:00 am
Secretary of State

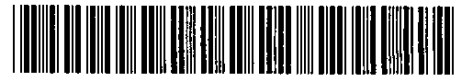
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DOCUMENT # N99000003486

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



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Shenandoah Station _____
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FL _____

Zip Country Zip Country
33245-0673 USA _____

4. FEI Number Applied For
65-0997162 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

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

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

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: *Libertad E. Abreu* *Rosario Falcon* 08/20/07 (305)635-3620