

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-06-2008 90038 043 ****13.75
 03-31-2008 90015 047 ****47.50



1st MOORE CR2E037 (10/07)

DOCUMENT # N99000003486			
1. Entity Name MUNICIPIO DE COLON EN EL EXILIO, INC.			
Principal Place of Business SHENANDOAH STATION P.O. BOX 450673 MIAMI FL 33245		Mailing Address 2923 NW 22ND AVE., #7 MIAMI FL 33142	
2. Principal Place of Business - No P.O. Box # <i>Shenandoah Station</i>		3. Mailing Address <i>Falcon, Rosario</i>	
Suite, Apt. #, etc. <i>P.O. Box 450673</i>		Suite, Apt. #, etc. <i>2923 N.W. 22nd Ave. #7</i>	
City & State <i>Miami Florida</i>		City & State <i>Miami Florida</i>	
Zip <i>33245</i>		Country <i>Hiami-Dade</i>	
4. FEI Number 65-0997162		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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 <i>Rosario Falcon Rosario Falcon</i>		DATE <i>02/21/08</i>	
FILE NOW FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD FALCON, ROSARIO 2923 NW 22ND AVE., #7 MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALFONSO, BENIGNO M 2460 SW 140TH AVE. MIAMI FL 33175 <input checked="" type="checkbox"/> Delete <i>He died</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ABREU, LIBERTAD E 7270 SW 113TH CT. CIR. MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TO</i> <i>Abreu, Libertad E.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>11941 SW 135 CT</i> <i>Miami, FL 33186</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, JORGE 9173 FOUNTAINBLUE BLVD., #4 MIAMI FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 <i>Libertad E. Abreu (Libertad E. Abreu)</i>		DATE <i>02/21/08</i> (305) 293-6753	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	