


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90092 032 \*\*\*\*61.25

<b>DOCUMENT # N99000005765</b> 1. Entity Name <b>MUNICIPIO SAN ANTONIO DE LOS BANOS, INC.</b>	
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Principal Place of Business <b>901 EAST 30TH STREET HIALEAH FL 33013</b>	Mailing Address <b>901 EAST 30TH STREET HIALEAH FL 33013</b>
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2. Principal Place of Business <b>8080 S.W 205 ST</b> Suite, Apt. #, etc.	3. Mailing Address <b>8080 SW. 205</b> Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/04)

City & State <b>Mia. FL.</b>	City & State <b>Mia. FL. 33189</b>	4. FEI Number <b>65-1040064</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33189</b>	Country <b>Mia. Dade</b>	Zip <b>33189</b>	Country <b>Mia. Dade</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>LEAL, EMILDO 901 EAST 30TH STREET HIALEAH FL 33013</b>		7. Name and Address of New Registered Agent Name <b>Leal, Emildo</b> Street Address (P.O. Box Number is Not Acceptable) <b>8080 SW. 205 ST</b> City <b>Mia. FL.</b> State <b>FL</b> Zip Code <b>33189</b>	
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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 **Emildo Leal T.D.** (NOTE: Registered Agent signature required when reinstating) **Emildo Leal** DATE **4/30/05**

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUETO, JUAN M 17200 SW 90TH AVENUE MIAMI FL 33157 <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	SD QUINTERO, CARLOS 1742 CURTIS DRIVE HIALEAH FL 33010 <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	TD LEAL, EMILDO 901 EAST 30TH STREET HIALEAH FL 33013 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Leal, Emildo 8080 SW. 205 ST Mia. FL. 33189 <input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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: **Emildo Leal, T.D.** **Emildo Leal** DATE **4/30/05** DAYTIME PHONE # **305-278-9970**