

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90077 001 ****70.00

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1. Entity Name
ASOCIACION DE ESPIRITUANOS EN EL EXILIO, INC.



Principal Place of Business
**4501 PALM AVE
STE #104
HIALEAH, FL 33012 US**

Mailing Address
**P.O. BOX 350974
RIVERSIDE STATION
MIAMI, FL 33135 US**

400093000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1847803

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ & URIARTE TAX SERVICE
4501 PALM AVE
STE 104
HIALEAH, FL 33012**

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

**Filing Fee Is \$61.25
Due by May 1, 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 ☒ Delete
NAME GARCIA, REGELIO
STREET ADDRESS 1465 W 42ND PLACE #109
CITY-ST-ZIP HIALEAH, FL 33012

TITLE PD ☐ Change ☒ Addition
NAME **AMADO LUIS GARCIA**
STREET ADDRESS **4304 S.W. 69TH. AVE.**
CITY-ST-ZIP **MIAMI, FL., 33155**

TITLE VPD ☒ Delete
NAME MENDI BURT, GERARD J
STREET ADDRESS 11122 SE 143RD CT
CITY-ST-ZIP MIAMI, FL 33186

TITLE VPD ☐ Change ☒ Addition
NAME **LOURDEZ BORREGO**
STREET ADDRESS **10528 S.W. 69th TER.**
CITY-ST-ZIP **MIAMI, FL., 33173**

TITLE SD ☒ Delete
NAME DIAZ-MENESES, MAYRA
STREET ADDRESS 4855 N.W. 7 ST. APT. 210
CITY-ST-ZIP MIAMI, FL 33126

TITLE SD ☐ Change ☒ Addition
NAME **JOSE A. SANCHEZ JR.**
STREET ADDRESS **6914 STIRLING RD.**
CITY-ST-ZIP **HOLLYWOOD, FL., 33024**

TITLE VTS ☒ Delete
NAME BARREIRO, RAMON
STREET ADDRESS 17931 N.W. 79 AVE
CITY-ST-ZIP MIAMI, FL 33015

TITLE TD ☐ Change ☒ Addition
NAME **MARIO D. RODRIGUEZ**
STREET ADDRESS **4501 PALM AVE. SUITE # 104**
CITY-ST-ZIP **HIALEAH. FL., 33012**

TITLE VSD ☐ Delete
NAME FERNANDEZ, MARTHA
STREET ADDRESS 1865 JF KENNEDY CAYSEWAY
CITY-ST-ZIP N BAY VILLAGE, FL 33141

TITLE ☐ Change ☐ Addition
NAME **Vice-Secretary/Director**
STREET ADDRESS **Same FERNANDEZ MARTHA**
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME FONS, ADAN
STREET ADDRESS 15261 SW 30TH TER
CITY-ST-ZIP MIAMI, FL 33185

TITLE VTD ☐ Change ☒ Addition
NAME **MARIA CONCHA DE LA PORTILLA**
STREET ADDRESS **13411 S.W. 6th STREET**
CITY-ST-ZIP **MIAMI, FL., 33184**

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:

Mario Rodriguez (Director) 02/01/2007 557-0962 (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #