


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90232 005 ****61.25

| | |
|--|---|
| DOCUMENT # 742056 |  |
| 1. Entity Name MUNICIPIO DE REGLA EN EL EXILIO, INC. | |

| | |
|---|---|
| Principal Place of Business 2742 SW 8 STREET 217 MIAMI, FL 33125 US | Mailing Address PO BOX 652333 APT. #407 OLYMPIA HEIGHT, FL 33265 US |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



03142006 Chg-NP CR2E037 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 59-7420560 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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 | |
| RAMS, VICTOR HUGO 7380 S.W. 117 TERRACE PINECREST, FL 33156 | | 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, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP | PD FERNANDEZ, AURELIO G 8960 N.W. 8TH STREET 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 | SD ROSQUE, HAYDEE 8801 W FLAGLER ST APT #406 MIAMI, FL 33174 <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 | T CANALES, ARIEL 801 W 49TH ST, #225 HIALEAH, FL 33012 <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 |
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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 empowerments.

SIGNATURE: *Ariel Canales*
TREASURER
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/06
Date

305-821-1076
Daytime Phone #