


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90043 006 ****70.00

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DOCUMENT # 744592				
1. Entity Name MUNICIPIO DE GUINES EN EL EXILIO, INC.				
Principal Place of Business P.O. BOX 3761 HIALEAH, FL 33013		Mailing Address P.O. BOX 133761 HIALEAH, FL 33013		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 65-0051802				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				7. Name and Address of New Registered Agent
GONZALEZ, LUIS A. 625 W. 70 PL. HIALEAH, FL 33014				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input 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	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, IVAN	NAME		
STREET ADDRESS	10300 SW 24TH ST., D-31	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331657979	CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, LUIS A	NAME		
STREET ADDRESS	325 W 70 PI	STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33014	CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRITO, JOSE M	NAME		
STREET ADDRESS	5033 N.W 7 ST., #206	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROYERO, MARIA M.	NAME		
STREET ADDRESS	16883 S.W. 92 ST.	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTIAGO, RAFAEL	NAME		
STREET ADDRESS	5560 W 13TH AVE	STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCES, ARISTIDES	NAME		
STREET ADDRESS	1154 W 35 ST., APT. 122	STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP		
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: <i>Luis E. Hernandez</i>		Date: 03-08-2005		Daytime Phone #: 786-423-2620
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>