2007 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Apr 18, 2007 08:00 AM
Secretary of State

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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



02112007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0051802

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, LUIS A. 625 W. 70 PL. HIALEAH, FL 33014

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HIALEAH,	FL 33014		IN THIS SPACE				
	named entity submits this statement for the piions of registered agent.	purpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered /	Agent signature	required when reinstaling)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution,	ing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	S HERNANDEZ, IVAN 10300 SW 24TH ST., D-31 MIAMI, FL 331657979 T . GONZALEZ, LUIS A 325 W 70 PI HIALEAH, FL 33014				· .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRITO, JOSE M 5033 N.W 7 ST., #206 MIAMI, FL 33126		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROYERO, MARIA M. 16883 S.W. 92 ST. MIAMI, FL 33196	iN	IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, RAFAEL 5560 W 13TH AVE HIALEAH, FL 33012				H00000716460		

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 given like empowered.

SIGNATURE:

GARCES, ARISTIDES

HIALEAH, FL 33012

1154 W 35 ST., APT. 122

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

der SECX 02/11/07

Daytime Phone #

04/30/07-80009-013 70.00