

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746843

FILED
May 07, 2005
Secretary of State

Entity Name: MUNICIPALITY OF GUANE IN EXILE, INC.

Current Principal Place of Business:

18340 NW 62 AVENUE
#201
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

18340 NW 62 AVENUE
#201
MIAMI, FL 33015

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PINON, ORFILIO
18340 NW 62 AVENUE
MIAMI, FL 33015 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEONILA, FLORES
Address: 1525 TREVINO AVE
City-St-Zip: CORAL GABLES, FL 33174

Title: T () Delete
Name: PINON, ORFILIO
Address: 2151 SW 21ST STREET
City-St-Zip: MIAMI, FL 33145

Title: S () Delete
Name: YUT, PAULA N
Address: 2841 SW 120 RD
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: PALACIOS, ARTURO
Address: 7171 S.W. 15TH ST
City-St-Zip: MIAMI, FL 33174

Title: V () Delete
Name: INVIERNO, CELEDONIO
Address: 493 EAST 30 ST
City-St-Zip: HIALEAH, FL 33013

Title: VT () Delete
Name: SINC, INES
Address: 8341 SW 12 TERR
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: INVIERNO, CELEDONIO
Address: 493 EAST 30 ST
City-St-Zip: HIALEAH, FL 33013

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORFILIO PINON

T

05/07/2005

Electronic Signature of Signing Officer or Director

Date