2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2005 8:00 am

	AIIII				36	cretai	Ty of Sta	ue	
DOCUMENT # 747590 1. Entity Name MUNICIPIO DE BAYAMO, MONUMENTO NACIONAL (EN EL EXILIO), INC.							0045 034 ****70		
Principal Place 4315 N.W. 7 MIAMI, FL 33	TH STREET, SUITE 12	Mailing Address 4315 N.W. 7TH STREET, MIAMI, FL 33126	Suite 12		1 (188 0) (188 0) (18 0	IBBBI SIMS IBMI BBII BI	5001876	11P1 P1 1981	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02172005 C	hg-NP	CR2E037 (10/03)			
City & State	e	City & State			4. FEI Number NOT APPL	ICABLE		plied For	
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired	\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent	I		7. Name and Add	iress of New Rec	sistered Agent		
	OREIENTE L 7TH STREET, #12		Name Labaut, Saturni Street Address (P.O. Box Number is Not Acce 7164 SW 13 Terra City Miami			urnino Not Acceptable)	no ptable)		
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 α printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be									
40	Filing Fee is \$61.25 Due by May 1, 2005	Trust Fund Co.	ntribution.		\$5.00 May Be Added to Fees	Florid	a Department of S	tate .	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPOTE, ORIENTE L 4315 N.W. 7TH STREET, #12 MIAMI, FL 33126	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LI 7		turnino	S AND DIRECTORS IN Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARIAS, DOMINGO C 4315 N.W. 7TH STREET, #12 MIAMI, FL 33126	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4(orales-Ge 011 Toled oral Gabl	lo Št	Change ector 33146	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, JOSE R 4315 N.W. 7TH STREET, #12 MIAMI, FL 33126	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		edeno, Jo 315 NW 7 Lami FL	rge St ste. 33126	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAMORA, GENOVERIA 4315 N.W. 7TH STREET, #12 MIAMI, FL 33126	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		abaut, Cl 164 SW 13 Lami FL	ara Terr 33144	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AGUILERA, IDA ROSA 4315 N.W. 7TH STREET, #12 MIAMI, FL 33126	∑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTI Be 10 Mi		Tuan M 16 St 13165	☐ Change	Addition	
NAME STREET AODRESS CITY-ST-ZIP	TD RAMOS, JORGE C 4315 N.W. 7TH STREET, #12 MIAMI, FL 33126	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSI Ti 16	coyano, J 20 SW 2	ose Street 33135	☐ Change	Addition	

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

		Y ANTHI		
SIGNATURE:	* Satismino	Latant:	2-19-15	305-261-5555
	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #