


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90028 032 ****61.25

DOCUMENT # 747590					
1. Entity Name MUNICIPIO DE BAYAMO, MONUMENTO NACIONAL (EN EL EXILIO), INC.					
Principal Place of Business 4315 N.W. 7TH STREET, SUITE 12 MIAMI, FL 33126			Mailing Address 4315 N.W. 7TH STREET, SUITE 12 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LABAUT, SATURNINO 7164 SW 13 TERRACE MIAMI, FL 33144			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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 PD	NAME LABAUT, SATURNINO		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7164 SW 13 TERR	CITY-ST-ZIP MIAMI, FL 33144			NAME	STREET ADDRESS
TITLE VD	NAME MORALES-GEORGE, HECTOR		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4011 TOLEDO ST	CITY-ST-ZIP CORAL GABLES, FL 33146			NAME	STREET ADDRESS
TITLE TD	NAME CEDENO, JORGE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4315 N.W. 7TH STREET, #12	CITY-ST-ZIP MIAMI, FL 33126			NAME	STREET ADDRESS
TITLE SD	NAME LABAUT, CLARA		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7164 SW 13 TERR	CITY-ST-ZIP MIAMI, FL 33144			NAME	STREET ADDRESS
TITLE VTD	NAME BENITEZ, JUAN M		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10865 SW 3 ST	CITY-ST-ZIP MIAMI, FL 33165			NAME	STREET ADDRESS
TITLE VSD	NAME TROYANO, JOSE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1620 SW 2 STREET	CITY-ST-ZIP MIAMI, FL 33135			NAME	STREET ADDRESS
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 empowered.					
SIGNATURE: <i>Saturnino Labaut</i> SATURNINO LABAUT - 1/28/08 305-743-7410					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					