


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 750529</b> 1. Entity Name <b>MUNICIPIO DE MARIANAO EN EL EXILIO, INCORPORATED</b>	
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Principal Place of Business <b>6508 KENDAKE LAKES DR UNIT 502 MIAMI, FL 33183</b>	Mailing Address <b>6508 KENDAKE LAKES DR UNIT 502 MIAMI, FL 33183</b>
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04092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LLACA, ZENIA G. 6508 KENDAKE LAEKS DR UNIT 502 MIAMI, FL 33183</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAMERO, ZENIA 6508 KENDAKE LAKES DR., #502 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAMERO, MARIA 3880 W. 6TH AVE. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LLACA, ZENIA G 6508 KENDAKE LAKES DR., #502 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LLACA, FRANK G 6508 KENDAKE LAKES DR., #502 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000708875  
04/24/07-80131-022 61.25

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:**  **ZENIA G. LLACA** **4/11/07** **305-385-8123**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #