


**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90106 013 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # 752359</b>			
1. Entity Name <b>MUNICIPIO DE MAYARI EN EL EXILIO, INC.</b>			
Principal Place of Business <b>1401 SW 92 AVENUE MIAMI, FL 33174 US</b>		Mailing Address <b>1401 SW 92 AVE MIAMI, FL 33174 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>HERRERA, RAMON 300 NE 104 STREET MIAMI, FL 33138</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and the filer (NOTE: Registered Agent signature required when certifying)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORRENTS, DR. CARLOS</b>	NAME	
STREET ADDRESS	<b>2130 SW 100 AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LECLUSAY, JOSE</b>	NAME	
STREET ADDRESS	<b>15611 SW 48TH ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33185</b>	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANCHEZ, IVAN</b>	NAME	
STREET ADDRESS	<b>1401 S W 92 AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33174</b>	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALONSO, ANA M</b>	NAME	<b>P</b>
STREET ADDRESS	<b>4328 S.W. 97 COURT</b>	STREET ADDRESS	<b>Omar Perdigon</b>
CITY-ST-ZIP	<b>MIAMI, FL 33185</b>	CITY-ST-ZIP	<b>2500 S.W. 21 Terrace, Miami, FL 33145</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUIDI, ARNALDO</b>	NAME	
STREET ADDRESS	<b>13310 SW 71 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARATE, JOSE M.</b>	NAME	
STREET ADDRESS	<b>2870 NW 18 AVE #14-K</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL</b>	CITY-ST-ZIP	
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>Ivan V. Sanchez</i> (Ivan V. Sanchez) 3/14/06		Date: 305-266-6632	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR			

66006261



01262006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2322224** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



ATTACHMENT

66006261

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2006

MUNICIPIO DE MAYARI EN EL EXILIO, INC.  
1401 SW 92 AVE  
MIAMI, FL 33174 US

Subject: MUNICIPIO DE MAYARI EN EL EXILIO, INC.

Reference Number: 752359

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cd

ANNUAL REPORTS SECTION