


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 752359 1. Entity Name MUNICIPIO DE MAYARI EN EL EXILIO, INC.	
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Principal Place of Business 1401 SW 92 AVENUE MIAMI, FL 33174 US	Mailing Address 1401 SW 92 AVE MIAMI, FL 33174 US
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DO NOT WRITE IN THIS SPACE



01262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2322224	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HERRERA, RAMON
 300 NE 104 STREET
 MIAMI, FL 33138

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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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000632334
 02/21/07-80018-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRENTS, DR. CARLOS 2130 SW 100 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECUSAY, JOSE 15611 SW 48TH ST MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANCHEZ, IVAN 1401 S W 92 AVE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERDIGON, OMAR 2500 SW 21ST TERR MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIDI, ARNALDO 13310 SW 71 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARATE, JOSE M. 2870 NW 18 AVE #14-K MIAMI, FL

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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: Ivan Sanchez SD / IVAN SANCHEZ SD 2/06/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

315-226-6632