

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752359

FILED
Feb 23, 2009
Secretary of State

Entity Name: MUNICIPIO DE MAYARI EN EL EXILIO, INC.

Current Principal Place of Business:

1401 SW 92 AVENUE
MIAMI, FL 33174 US

New Principal Place of Business:

Current Mailing Address:

1401 SW 92 AVE
MIAMI, FL 33174 US

New Mailing Address:

FEI Number: 59-2322224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRERA, RAMON
300 NE 104 STREET
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TORRENTS, DR. CARLOS,
Address: 2130 SW 100 AVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: LECUSAY, JOSE
Address: 15611 SW 48TH ST
City-St-Zip: MIAMI, FL 33185

Title: SD () Delete
Name: SANCHEZ, IVAN,
Address: 1401 S W 92 AVE
City-St-Zip: MIAMI, FL 33174

Title: P () Delete
Name: ROJAS DE ALONSO, ANA M
Address: 4328 SW 97 COURT
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: GUIDI, ARNALDO,
Address: 13310 SW 71 ST
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: GARATE, JOSE M.,
Address: 2870 NW 18 AVE #14-K
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GARATE, MIGUEL A.,
Address: 300 N.E. 104 ST.
City-St-Zip: MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVAN SANCHEZ

SD

02/23/2009

Electronic Signature of Signing Officer or Director

Date