

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766229

FILED
Apr 09, 2009
Secretary of State

Entity Name: LICEO DE PUNTA BRAVA EN EL EXILIO, INC.

Current Principal Place of Business:

1344 N.W. 6TH ST
APT #4
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1344 N.W. 6TH ST
APT #4
MIAMI, FL 33125

New Mailing Address:

FEI Number: 65-0528732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALONSO, FELIPE
2599 N.W. 13TH ST
SUITE 1
MIAMI, FL 33125 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: V () Delete
Name: ALONSO, FELIPE
Address: 2599 N.W. 13TH ST., #1
City-St-Zip: MIAMI, FL

Title: P () Delete
Name: ORTETES, VALDES
Address: 12928 SW 143 TERR
City-St-Zip: MIAMI, FL 33186

Title: S () Delete
Name: ARGUELLES, CARMEN
Address: 1344 NW 6 ST #4
City-St-Zip: MIAMI, FL 33125

Title: VP () Delete
Name: CASTAD, RICHARD
Address: 430 NW 56 TERR
City-St-Zip: PEMBROKE PINES, FL 33024

Title: TD () Delete
Name: VALDES, LIDIA
Address: 6437 W FLAGLER ST APT #3
City-St-Zip: MIAMI BEACH, FL

Title: VTD () Delete
Name: VALDES, JOSE
Address: 1830 N.W. 16TH ST
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:

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Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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

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: MARTINEZPUCHY@AOL.COM

V

04/09/2009

Electronic Signature of Signing Officer or Director

Date