


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 767287</b>					
1. Entity Name <b>ASOCIACION DE RANCHUELEROS EN EL EXILIO (MUNICIPIO DE RANCHUELO), INC.</b>					
Principal Place of Business <b>10257 NW-51 TERR MIAMI FL 33178</b>			Mailing Address <b>POST OFFICE BOX 654642 MIAMI FL 33165</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2344071</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VERA, DORA 10251 NW-51 TERR MIAMI FL 33178</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FABIO, CORTES			NAME	
STREET ADDRESS	8810 SW 123 COURT APT #M 102			STREET ADDRESS	
CITY - ST - ZIP	KENDALL FL 33186			CITY - ST - ZIP	
TITLE	SD	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ISABA, HILARIO			NAME	
STREET ADDRESS	360 W. 49 ST.			STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33012			CITY - ST - ZIP	
TITLE	TD	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	VERA, DORA			NAME	
STREET ADDRESS	10257 NW 51 TERR			STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33178			CITY - ST - ZIP	
TITLE	VTD	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SARDUY, JOHNNY			NAME	
STREET ADDRESS	331 NW 82 AVE APT 1312			STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33126			CITY - ST - ZIP	
TITLE	VP	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SOLIS, ALVERRO			NAME	
STREET ADDRESS	1580 WEST AVE			STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL			CITY - ST - ZIP	
TITLE	VSD	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BELLO, JOAQUIN			NAME	
STREET ADDRESS	3740 W- 10 COURT			STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33012			CITY - ST - ZIP	



MOORE CR2E037 (11/03)

4. FEI Number **59-2344071** Applied For  Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dora Vera* **DORA VERA** 2/4/04