

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90011 016 ****61.25



DOCUMENT # 767287

1. Entity Name
**ASOCIACION DE RANCHUELOS EN EL EXILIO
(MUNICIPIO DE RANCHUELO), INC.**

Principal Place of Business Mailing Address
~~10257 NW 51 TERR~~ **3140 W-10th COURT** POST OFFICE BOX 654642
~~MIAMI FL 33178~~ **HIALEAH, FL, 33012** MIAMI FL 33165

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/07)

4. FEI Number Applied For
59-2344071 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

~~VERA, DORA~~ **Joaquin Bello**
~~10257 NW 51 TERR~~ **3140 W. 10th COURT**
~~MIAMI FL 33178~~ **HIALEAH, FL, 33012**

Name Street Address (P.O. Box Number is Not Acceptable)

City FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABIO, CORTES		NAME	DR. HILARIO ISABA	
STREET ADDRESS	8810 SW 123 COURT APT #M 102		STREET ADDRESS	7234 BEDLINGTON ROAD	
CITY-ST-ZIP	KENDALL FL 33186		CITY-ST-ZIP	MIAMI LAKES, FL, 33014	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISABA, HILARIO		NAME	ISABEL SANCHEZ	
STREET ADDRESS	360 W. 49 ST.		STREET ADDRESS	549 PALMETTO DRIVE	
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP	MIAMI SPRINGS, FL, 33166	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERA, DORA		NAME	JOAQUIN BELLO	
STREET ADDRESS	10257 NW 51 TERR		STREET ADDRESS	3740 W. 10th COURT	
CITY-ST-ZIP	MIAMI FL 33178		CITY-ST-ZIP	HIALEAH, FL, 33012	
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLIS, ALVERRO		NAME		
STREET ADDRESS	1580 WEST AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		CITY-ST-ZIP		
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLO, JOAQUIN		NAME		
STREET ADDRESS	3740 W- 10 COURT		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dora Vera* 4/26/08