# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 01, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # 770524

1. Entity Name
MUNICIPIO DE SAN ANTONIO DE LAS VUELTAS EN EL EXILIO, INC.

Principal Place of Business
2393 CORAL WAY
MIAMI, FL 33145

Mailing Address
~~2393 CORAL WAY~~
~~MIAMI, FL 33145~~ US
2314 S.W. 23 Terr.
Miami FL 33145

07272005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-2362265
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PALOMINO, RAMON
2393 CORAL WAY
MIAMI, FL 33145

**DO NOT WRITE IN THIS SPACE**

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | PALOMINO, RAMON |
| STREET ADDRESS | 2393 CORAL WAY |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | VPT |
| NAME | GONDALEZ, VALENTIN |
| STREET ADDRESS | 2530 SW 14TH ST |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | T |
| NAME | CARABALLO, RAQUEL |
| STREET ADDRESS | 2314 SW 23 TERR. |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | TVS |
| NAME | AMARGOS, ELDA-GARCIA |
| STREET ADDRESS | 2820 SW 114TH AVE |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | TS |
| NAME | RODRIGUEZ, JOSE |
| STREET ADDRESS | 11841 SW 109 STREET |
| CITY-ST-ZIP | MIAMI, FL 33177 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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08/01/05-80005-017 61.25

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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:** Ramon A Palomino 07-29-05 (305) 856-8204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #