

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 2514 S.W. 23 Terr. MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE

07272005 No Chg-NP CR2E037 (10/03)

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

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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 reinstating) DATE _____

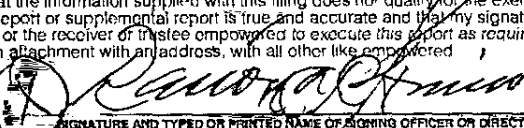
Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALOMINO, RAMON 2393 CORAL WAY MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GONDALEZ, VALENTIN 2530 SW 14TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARABALLO, RAQUEL 2314 SW 23 TERR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVS AMARGOS, ELDA-GARCIA 2820 SW 114TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RODRIGUEZ, JOSE 11841 SW 109 STREET MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000375177
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)(f), 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:  07-29-05 (305) 856-8204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #