

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90037 009 ****61.25

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**

50009987

2. Principal Place of Business

3. Mailing Address

2314 S.W. 23 Terrale

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202006

Chg-NP

CR2E037 (11/05)

City & State

City & State

MIAMI, FL

4. FEI Number

59-2362265

Applied For

Not Applicable

Zip

Country

Zip

Country

33145

USA

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

**PALOMINO, RAMON
2393 CORAL WAY
MIAMI, FL 33145**

Name **RAQUEL CARABALLO**

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

2314 SW 23 Terrale

City

MIAMI

FL

Zip Code

33145

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

RAQUEL CARABALLO
[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 ☐ Delete
NAME **D**
STREET ADDRESS **PALOMINO, RAMON**
CITY-ST-ZIP **2393 CORAL WAY
MIAMI, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VPT**
STREET ADDRESS **GONDALEZ, VALENTIN**
CITY-ST-ZIP **2530 SW 14TH ST
MIAMI, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **CARABALLO, RAQUEL**
CITY-ST-ZIP **2314 SW 23 TERR.
MIAMI, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TVS**
STREET ADDRESS **AMARGOS, ELDA-GARCIA**
CITY-ST-ZIP **2820 SW 114TH AVE
MIAMI, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TS**
STREET ADDRESS **RODRIGUEZ, JOSE**
CITY-ST-ZIP **11841 SW 109 STREET
MIAMI, FL 33177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/06

Date

(305) 856-820X

Daytime Phone #

RAQUEL CARABALLO