

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 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 2314 SW 23 TERR MIAMI, FL 33145	Mailing Address 2314 SW 23 TERR MIAMI, FL 33145 US



02102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2362265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CARABALLO, RAQUEL
2314 SW 23 TERR
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 _____

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

4000000841730
03/11/08-80002-012 61.25

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	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/08 (305) 856-8204
Date Daytime Phone #