2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State
05-14-2007 90084 028 ****61.25

DOCUMENT # N01000007081

1. Entity Name

MUNICIPIOS DE BANES EN EL EXILIO, INC.

Principal Place of Business	Mailing Address
5754 CORAL WAY MIAMI FL 33155 US	5754 CORAL WAY MIAMI FL 33155 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
138957	
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: Hialeah FL.	City & State
Zip: 33013 Country: Miami Dade	Zip Country

4. FEI Number: 26-0005287 ☐ Applied For ☐ 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
BATISTA, ALEXIS 5754 CORAL WAY MIAMI FL 33155	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BATISTA, ALEXIS 5754 CORAL WAY MIAMI FL 33155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ORLANDO A. CORDOVES 12455 SW 43 ST. MIAMI FL. 33175	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CORDOVES, ORLANDO 12455 S.W. 43 ST. MIAMI FL 33175	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FERNANDO HERNANDEZ 191 SW 83 AVE. MIAMI, FL. 33135	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROMERO, MANUEL DR. 9952 S.W. 8TH ST. APT. 140 MIAMI FL 33174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANGEL MARTINEZ 135 W 14 ST. HIALEAH FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DUMOIS, CHARLES 3333 S.W. 156 CT. MIAMI FL 33185	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DIONICIO DELGADO 8803 NW 111 TERR. HIALEAH GARDEN 33018	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT SANTANA, PUBLIO 9501 S.W. 45 ST. MIAMI FL 33165	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT DUMOIS, CHARLES 3333 S.W. 156 CT MIAMI FL. 33185	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALEMANY, ALBA 11970 NW 10TH AVE. N. MIAMI FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALEMANY, ALBA 11970 NW 10TH AVE. N. MIAMI FL 33168	☐ Change ☐ Addition

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: _____ (305) 496-8720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #