

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90055 041 \*\*\*\*61.25

**40050984**



03062008 Chg-NP CR2E037 (12/06)

4. FEI Number  
03-0421208

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

**DOCUMENT # N02000002384**

1. Entity Name  
MUNICIPIO DE MADRUGA EN EL EXILIO, INC.



Principal Place of Business  
4371 SW. 2ND TERRACE  
MIAMI, FL 33134

Mailing Address  
4371 SW. 2ND TERRACE  
MIAMI, FL 33134

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MONTERO, BENIGNO  
4371 SW. 2ND TERRACE  
MIAMI, FL 33134

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MENTERO, BENINGO	
STREET ADDRESS	4371 SW. 2ND TERRACE	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARRERO, MAXIMO	
STREET ADDRESS	13317 SW 28 STREET	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANCHEZ, SIMON A	
STREET ADDRESS	4634 SW 10 STREET	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALERA, JOSE R	
STREET ADDRESS	2026 NW 6 STREET	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PEREZ, JESUS	
STREET ADDRESS	7249 SW 16 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Benigno Montero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #