

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90181 024 \*\*\*\*61.25

**DOCUMENT # N02000003423**

1. Entity Name

**MUNICIPIO DE SAN JUAN Y MARTINEZ EN EL EXILIO  
INC.**



Principal Place of Business

**240 NW 63 AVE  
MIAMI FL 33126**

Mailing Address

**240 NW 63 AVE  
MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**01-0645003**

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

**BARRERA, ESTEBAN  
240 NW 63 AVE  
MIAMI FL 33126**

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, 2004**

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 PD  
NAME BUSTO, MANUEL ☐ Delete  
STREET ADDRESS 5999 W 14 AVE  
CITY-ST-ZIP HIALEAH FL 33012

TITLE V ☒ Change ☐ Addition  
NAME Rene Garcia  
STREET ADDRESS 217 E. 63 St.  
CITY-ST-ZIP Hialeah, FL, 33013

TITLE VD  
NAME LIY, DANIEL ☐ Delete  
STREET ADDRESS 5201 NW 7 ST #614 W  
CITY-ST-ZIP MIAMI FL 33126

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

TITLE D  
NAME PALACIOS, CANDIDO ☐ Delete  
STREET ADDRESS 3796 SW 148 CT  
CITY-ST-ZIP MIAMI FL 33185

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

TITLE SD  
NAME BARRERA, ESTEBAN ☐ Delete  
STREET ADDRESS 240 NW 63 AVE  
CITY-ST-ZIP MIAMI FL 33126

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

TITLE ASD  
NAME RUIZ, ANDRES ☐ Delete  
STREET ADDRESS 1980 SW 131 CT  
CITY-ST-ZIP MIAMI FL 33175

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

TITLE D  
NAME RIVEROL, JUAN ☐ Delete  
STREET ADDRESS 11310 SW 24 TERR  
CITY-ST-ZIP MIAMI FL 33165

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 exemption stated in Section 119.07(3)(i), 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:

*E. Barrera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/04*  
Date

Daytime Phone #