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

if changed, or on an attachment with an address, with all other like empowered.

## Feb 15, 2007 08:00 AN Secretary of State DOCUMENT # N02000003423 1. Entity Name MUNICIPIO DE SAN JUAN Y MARTINEZ EN EL EXILIO INC. Principal Place of Business Mailing Address 240 NW 63 AVE 240 NW 63 AVE MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & Stato 4. FEI Number Applied For 01-0645003 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BARRERA, ESTEBAN Street Address (P.O. Box Number is Not Acceptable) 240 NW 63 AVE **MIAMI FL 33126** City Zip Code 8. The above named ontity 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 ag SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State The state of the state of 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ши ☐ Delete IIILE Change Addillon U00000637547 NAME GARCIA, RENE NAME 02/26/07-80065-010-61.25 STREET ADDRESS STREET ADDRESS 217 E 63 ST CITY-ST-ZIP CITY-ST-7IP HIALEAH FL 33013 Change TITLE ☐ Delete TITLE Addition NAMI BUSTO, MANUEL NAME STREET ADORESS STREET ADDRESS 5999- WEST 14TH AVE CITY+SI-ZIP CITY-ST-ZIP HIALEAH FL 33012 Change Addition TITLE ☐ Defete TITLE ÑĂMĒ NAMI: PALACIOS, CANDIDO STREET ADDRESS STREET ADDRESS 3796 SW 148 CT CITY-SI-ZIP CITY-ST-ZIP MIAMI FL 33185 FITLE TITLE Addition □ Delete ☐ Change NAME NAME BARRERA, ESTEBAN STREET ADDRESS STREET ADDRESS 240 NW 63 AVE CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33126** ШЦ ☐ Delete HILE ☐ Change Addition NAME RUIZ, ANDRES NAME STREET ADDRESS 1980 SW 131 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Change HHE Delete TITLE Addition NAME NAME RIVEROL, JUAN STREET ADDRESS STREET ADDRESS 11310 SW 24 TERR CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** 12. I hereby certify that the information supplied with this filling 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 eath; 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

FILED