

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

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02565**

1. Entity Name

CLUB SOCIAL MAYARI IN EXILE, INC.



Principal Place of Business

510 W. 44TH PLACE  
P.O. BOX 350421  
MIAMI FL 33135

Mailing Address

510 W. 44TH PLACE  
P.O. BOX 350421  
MIAMI FL 33135



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0014137

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

ALVAREZ, RAFAEL  
531 SW 99 AVENUE  
MIAMI FL 33174

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

TITLE DP ☐ Delete  
NAME ALVAREZ, RAFAEL  
STREET ADDRESS 531 SW 99 AVE  
CITY- ST- ZIP MIAMI FL

TITLE SD ☐ Delete  
NAME RUIZ, OSCAR  
STREET ADDRESS 7955 SW 12 STREET  
CITY- ST- ZIP MIAMI FL

TITLE TD ☐ Delete  
NAME SANCHEZ, NELSON  
STREET ADDRESS 510 WEST 44TH PLACE  
CITY- ST- ZIP HIALEAH FL

TITLE DVP ☐ Delete  
NAME VINARDELL, ANTONIO  
STREET ADDRESS 9871 SW 28TH STREET  
CITY- ST- ZIP MIAMI FL 33165

TITLE DVT ☐ Delete  
NAME CASTANER, ALFREDO  
STREET ADDRESS 9724 SW 4TH TERRACE  
CITY- ST- ZIP MIAMI FL 33174

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
000000656291  
03/14/07-80019-017 61.25

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

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

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CITY- ST- ZIP

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 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:

*Nelson Sanchez*

NELSON SANCHEZ

2/28/07

35-44-1012