

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 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



02122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

ALVAREZ, RAFAEL
531 SW 99 AVENUE
MIAMI, FL 33174

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ALVAREZ, RAFAEL
STREET ADDRESS	531 SW 99 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	RUIZ, OSCAR
STREET ADDRESS	7955 SW 12 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	SANCHEZ, NELSON
STREET ADDRESS	510 WEST 44TH PLACE
CITY-ST-ZIP	HIALEAH, FL
TITLE	DVP
NAME	VINARDELL, ANTONIO
STREET ADDRESS	9871 SW 28TH STREET
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	DVT
NAME	CASTANER, ALFREDO
STREET ADDRESS	9724 SW 4TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000829509
02/26/08-80044-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nelson Sanchez Trueman 2/13/08 305-558-9732 ✓