

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02565

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** CLUB SOCIAL MAYARI IN EXILE, INC.

**Current Principal Place of Business:**

510 W. 44TH PLACE  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

510 W. 44TH PLACE  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 65-0014137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALVAREZ, RAFAEL  
531 SW 99 AVENUE  
MIAMI, FL 33174 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** ALVAREZ, RAFAEL  
**Address:** 531 SW 99 AVE  
**City-St-Zip:** MIAMI, FL

**Title:** SD  
**Name:** RUIZ, OSCAR  
**Address:** 7955 SW 12 STREET  
**City-St-Zip:** MIAMI, FL

**Title:** TD  
**Name:** SANCHEZ, NELSON  
**Address:** 510 WEST 44TH PLACE  
**City-St-Zip:** HIALEAH, FL

**Title:** DVP  
**Name:** VINARDELL, ANTONIO  
**Address:** 9871 SW 28TH STREET  
**City-St-Zip:** MIAMI, FL 33165

**Title:** DVT  
**Name:** CASTANER, ALFREDO  
**Address:** 9724 SW 4TH TERRACE  
**City-St-Zip:** MIAMI, FL 33174

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** RAFAEL ALVAREZ

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02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date