

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

03-22-2004 90063 011 ****61.25

66424024



DOCUMENT # N03000009224 1. Entity Name AGRUPACION DE MANZANILLEROS EN EL EXILIO, INC.					
Principal Place of Business P.O. BOX 654453 MIAMI, FL 33265			Mailing Address P.O. BOX 654453 MIAMI, FL 33265		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1132429	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent UTSET, BERNARDO 13838 SW 38 STREET MIAMI, FL 33175			7. Name and Address of New Registered Agent 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)					
Filing Fee is \$81.25 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	DP UTSET, BERNARDO ☐ Delete STREET ADDRESS 13838 SW 38 STREET CITY-ST-ZIP MIAMI, FL 33175		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DV GONZALEZ, RICARDO ☐ Delete STREET ADDRESS 7810 NW 189TH STREET CITY-ST-ZIP MIAMI, FL 33015		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DS MUNIZ, NELIA ☐ Delete STREET ADDRESS 1615 SW 137 PLACE CITY-ST-ZIP MIAMI, FL 33175		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T CURI, JENNY ☐ Delete STREET ADDRESS 18798 NW 78 PLACE CITY-ST-ZIP MIAMI, FL 33015		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VT BERTOT, RAMIRO R ☐ Delete STREET ADDRESS 9920 SW 22 STREET CITY-ST-ZIP MIAMI, FL 33165		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Ramiro R. Bertot</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u><i>V. TREASURER</i></u> Date		
<u><i>3/16/04</i></u> Date			<u><i>305 551 3900</i></u> Daytime Phone #		