


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000004188 1. Entity Name MUNICIPIO DE SAGUA LA GRANDE "LA VILLA DEL UNDOSO", INC.	
--	---

Principal Place of Business 630 SW 29 RD. MIAMI, FL 33129	Mailing Address 630 SW 29 RD. MIAMI, FL 33129
---	---

DO NOT WRITE IN THIS SPACE



01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 86-1104674	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PACHECO, IBRAHIM B
630 SW 29 RD.
MIAMI, FL 33129

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTERO, RAYMUNDO 630 SW 29 RD. MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESPINOSA, JUSTO 630 SW 29 RD. MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PACHECO, IBRAHIM B 630 SW 29 RD. MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U00000530909
05/06/06-80016-023 61.25

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 like empowered.

SIGNATURE:  4-19-06 305-884-2564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____