


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000000707		
1. Entity Name MOVIMIENTO REVOLUCIONARIO 30 DE NOVIEMBRE-FRANK PAIS, INC.		
Principal Place of Business 1750 N.W. 27 AVENUE MIAMI, FL 33130 US	Mailing Address P.O. BOX 440584 MIAMI, FL 33144 US	



03102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent ZORRILLA, JUAN C ESQ. 1401 BRICKELL AVENUE 570 MIAMI, FL 33131	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 NAME STREET ADDRESS CITY-ST-ZIP	P MORALIELLO, ARTURO P.O. BOX 440584 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, VIDAL P P.O. BOX 440584 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VERDECIA, BELIA P.O. BOX 440584 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRERO, ROLANDO P.O. BOX 440584 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000863522
04/08/08-80053-012 70.00

**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 like empowered.

SIGNATURE:  **Rolando Barrero, Director** **03/11/08** **(305) 471-0985**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone