2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001296

FILED Apr 28, 2009 Secretary of State

Entity Name: MUNICIPIO DE BARACOA EN EL EXILIO, INC.

| 12930 SW | Principal Place of Business: / 49TH TERRACE | New Principal Place | of Business: |
|---|--|--|--|
| MIAMI, FL | . 33175 | | |
| Current M | Nailing Address: | New Mailing Addres | s: |
| 12930 SW MIAMI, FL | / 49TH TERRACE 33175 | | |
| FEI Number | FEI Number Applied For () | FEI Number Not Applicable (X) | Certificate of Status Desired () |
| Name and | d Address of Current Registered Agent: | Name and Address of | of New Registered Agent: |
| RODRIGU 1111 SW MIAMI, FL | | | |
| | e named entity submits this statement for the e of Florida. | ne purpose of changing its registere | d office or registered agent, or both, |
| | | | |
| SIGNATU | RE: | | |
| SIGNATU | RE: Electronic Signature of Registered | Agent | Date |
| | | | Date ES TO OFFICERS AND DIRECTOR |
| OFFICER Title: Name: Address: | Electronic Signature of Registered | | |
| OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | Electronic Signature of Registered A S AND DIRECTORS: P () Delete ROBAS, ANTONIO 11133 NW FLAGLER TERR. | ADDITIONS/CHANG Title: Name: Address: | ES TO OFFICERS AND DIRECTOR |
| OFFICER. Title: Name: Address: City-St-Zip: Title: Name: Address: | Electronic Signature of Registered A S AND DIRECTORS: P () Delete ROBAS, ANTONIO 11133 NW FLAGLER TERR. MIAMI, FL 33172 D/T () Delete DIAZ, CARIDAD 12930 SW 49TH TERRACE | ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: | ES TO OFFICERS AND DIRECTOR () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANTONIO ROBAS PDT 04/28/2009