

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003410

FILED
Mar 04, 2008
Secretary of State

Entity Name: MOVIMIENTO HERMANOS DEL BUSTO, INC.

Current Principal Place of Business:

493 E 30 ST
APT # 1
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

493 E 30 ST
APT # 1
HIALEAH, FL 33013

New Mailing Address:

FEI Number: 20-4585248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INVIerno, EMETERIO C
493 E 30 ST
APT # 1
HIALEAH, FL 33013 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: P () Delete
Name: INVIerno, EMETERIO C
Address: 493 E 30 ST APT # 1
City-St-Zip: HIALEAH, FL 33013

Title: SD () Delete
Name: MARTIN, ALFREDO
Address: 2435 SW 78 CT
City-St-Zip: MIAMI, FL 33155

Title: TD () Delete
Name: SUAREZ, ANTONIO E
Address: 3620 SW 60 AVE
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUAREZ, ANTONIO E.

TD

03/04/2008

Electronic Signature of Signing Officer or Director

Date