

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004625

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: ASAMBLEA PROVINCIAL DE MATANZAS EN EL EXILIO, INC.

**Current Principal Place of Business:**

4610 NW 7 ST.  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

444 SW 64 CT  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 20-4835031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

QUIROS, MIRIAM E  
444 SW 64 CT  
MIAMI, FL 33144 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: D ( ) Delete  
Name: SOLER, OLGA  
Address: 496 NW 35 AVE  
City-St-Zip: MIAMI, FL 33125

Title: D ( ) Delete  
Name: QUIROS, MIRIAM E  
Address: 444 SW 64 CT  
City-St-Zip: MIAMI, FL 33144

Title: D ( ) Delete  
Name: HERNANDEZ, HERIBERTO  
Address: 1673 SW 27 AVE  
City-St-Zip: MIAMI, FL 33145

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: FALCON, MARIA  
Address: 1516 NE 131 ST RD  
City-St-Zip: N. MIAMI, FL 33161

Title: D ( ) Change (X) Addition  
Name: FUNCIA, TERESA  
Address: 2011 SW 17 TERR  
City-St-Zip: MIAMI, FL 33145 US

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: MIRIAM E. QUIROS

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date