

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002440

FILED
Feb 14, 2009
Secretary of State

Entity Name: ASOCIACION DEL MUNICIPIO DE REMEDIOS EN EL EXILIO, INC.

Current Principal Place of Business:

7832 COLLINS AVE., #601
MIAMI BCH, FL 33141

New Principal Place of Business:

12031 SW 3 STREET
MIAMI, FL 33184

Current Mailing Address:

P. O. BOX 65-1924
OLYMPIA HEIGHTS STATION
MIAMI, FL 331651924

New Mailing Address:

FEI Number: 33-1208526 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ARAGON, HUGO A
7832 COLLINS AVE., #601
MIAMI BCH, FL 33141 US

Name and Address of New Registered Agent:

VILCHES, CARLOS
12031 SW 3 STREET
MIAMI, FL 33184 US

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: CARLOS VILCHES

02/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARAGON, HUGO A
Address: 7832 COLLINS AVE., #601
City-St-Zip: MIAMI BCH, FL 33141

Title: V () Delete
Name: PEREZ, ADALBERTO
Address: 6410 SW 42ND TERR.
City-St-Zip: MIAMI, FL 33155

Title: T () Delete
Name: QUINCOSES, ANDRES R
Address: 7800 SW 90TH AVE.
City-St-Zip: MIAMI, FL 33173

Title: S () Delete
Name: VILCHES, CARLOS
Address: 12032 SW 3RD ST.
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VILCHES, CARLOS
Address: 12031 SW 3 STREET
City-St-Zip: MIAMI, FL 33184

Title: VP (X) Change () Addition
Name: BRU, CARMEN
Address: 8461 SW 38 STREET
City-St-Zip: MIAMI, FL 33155

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

Title: SEC (X) Change () Addition
Name: ARAGON, MARY
Address: 7832 COLLINS AVENUE, #601
City-St-Zip: MIAMI BEACH, FL 33141

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: CARLOS VILCHES

PRES

02/14/2009

Electronic Signature of Signing Officer or Director

Date