

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

2. Mar 17, 2008 8:00 am
Secretary of State

02-12-2008 90012 009 ****70.00

DOCUMENT # N07000006627					
1. Entity Name SANTA CRUZ DEL NORTE EN EL EXILIO, INC.					
Principal Place of Business 270 FLAGAMI BLVD MIAMI FL 33144			Mailing Address 270 FLAGAMI BLVD MIAMI FL 33144		
2. Principal Place of Business - No P.O. Box # 270-Flagami Blvd.		3. Mailing Address 270 Flagami Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami, FL		4. FEI Number 26-2138117	
Zip 33144		Country U.S.A.		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ARMAS, MATEO C 270 FLAGAMI BLVD MIAMI FL 33144			7. Name and Address of New Registered Agent Name: Armas Mateo C. Street Address (P.O. Box Number is Not Acceptable): 270 Flagami Blvd. City: Miami FL Zip Code: 33144		
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: Niconedes A. Senan DATE: 02/04/08 Signature, typed or printed name of registered agent and the fee applicable. (NOTE: Non-student Agent Signature is required when registering)					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP SENAN, NIEOMEDES A 11611 NW 68 AVE HIALEAH FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT LLERENA, NOEL EDES 520 W 74 PLACE #218 HIALEAH FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS HERNENDEZ, RINALDO 9300 NW 33 CT MIAMI FL 33144 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV ARMAS, MATEO C 270 FLAGAMI BLVD MIAMI FL 33144 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or without other like empowered.					
SIGNATURE: 			02/04/08 (305) 905-5692		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		