


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90007 002 ****61.25

DOCUMENT # N10349					
1. Entity Name MUNICIPIO DE NUEVITAS EN EL EXILIO INC.					
Principal Place of Business 391 NW 59 CT MIAMI FL 33144 US			Mailing Address 2802 NW 15TH ST MIAMI FL 33125 US		
2. Principal Place of Business 4590 W 9th Ct.			3. Mailing Address 4590 W. 9th Ct.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Hialeah Fl.			City & State Hialeah, Fl.		
Zip 33012	Country U.S.A.	Zip 33012	Country U.S.A.	4. FEI Number 59-2761871	
6. Name and Address of Current Registered Agent MUJICA, FREDY 2802 NW 15TH ST MIAMI FL 33125				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Edelman Medina Street Address (P.O. Box Number is Not Acceptable) 4590 W 9th Ct. City Hialeah FL Zip Code 33012				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 <i>Edelman Medina</i> EDELMAN MEDINA, TREASURER (NOTE: Registered Agent signature required when reinstating)	
				DATE	
				FILE NOW: FEE IS \$61.25 Due By May 1, 2004	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VPD FANDINO, ROBERT O 391 NW 59 CT MIAMI FL 33144 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Eulocio Jimenez 3750 S.W. 142 Ave. Miami Fl. 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPS, MARIELA 10232 SW 16TH ST MIAMI FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Julia Estrada 2960 S.W. 25 St. Miami Fl. 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D MUJICA, ALFREDO 2802 NW 15TH S MIAMI FL 33125 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Edelman Medina 4590 W 9th Ct. Hialeah, Fl. 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEROZO, ALBERTO 1340 W 41 ST., APT. 103 HIALEAH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.					
SIGNATURE: <i>Edelman Medina</i> Edelman Medina			02-02-04 305-823-4738		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		