

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N14264**

1. Entity Name  
**MUNICIPALITY OF CAMAGUEY IN THE EXILE  
CORPORATION (MUNICIPIO DE CAMAGUEY EN EL  
EXILO CORPORATION**



Principal Place of Business

**8532 SW 8TH ST  
286  
MIAMI, FL 33174 US**

Mailing Address

**P O BOX #441915  
MIAMI, FL 33144 US**



01042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2727232**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ORDAZ, ISABEL  
12810 SW 43 DR 117B  
MIAMI, FL 33175**

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000782184  
01/15/08-80063-024 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
LORET DE MOLA, MARIANO  
1025 SW 91 TERR  
MIAMI, FL 33176**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
MARTINEZ, DARIO C  
4051 SW 112 AVE  
MIAMI, FL 33165**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
BETANCOURT SANZ, ULISES  
1121 SW 122 AVENUE #315  
MIAMI, FL 33184**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
ORDAZ, ISABEL  
12810 SW 43RD DR. #117B  
MIAMI, FL 331754**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
SANCHEZ, EMMA B  
9340 W FLAGLER ST #104  
MIAMI, FL 33174**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
PELAEZ, EDUARDO  
8880 SW 87 ST  
MIAMI, FL 33173**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-08**  
Date

**(305) 431 4482**  
Daytime Phone #