

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N36247

1. Entity Name
MUNICIPIO DE TRINIDAD EN EL EXILIO, INC.



Principal Place of Business
1510 SW 14TH TER
P.O. BOX 452533
MIAMI, FL 33145-9533 US

Mailing Address
1510 SW 14TH TER
P OBOX 452533
MIAMI, FL 33145-9533 US



03062003 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0172722

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, FERNANDO
3267 SW 24 TERRACE
MIAMI, FL 33145

**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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
VAZQUEZ, FERNANDO
3267 SW 24TH TERR
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
NOCHEA, JESUS
1292 SW 21ST TER
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
CUERVO, ENRIQUE
1510 SW 14TH TERR
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
FRESNEDO, JOSE
1710 SW 18TH ST
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVS
CUERVO, DELIA
1510 SW 14TH TERRACE
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
CUERVO, ENRIQUE
1510 SW 14 TERR
MIAMI, FL 33145

000000161891
06/01/04-800005-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

05-26-04 (305) 444-3919