2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N36247

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

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

07082007 No Chg-NP CR2E037 (4/06)

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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

CUERVO, ENRIQUE
1510 SW 14TH TERRACE
MIAMI, FL 33145

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007 ✓

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	VASQUEZ, OLIMPIA
STREET ADDRESS	3267 SW 24TH TERR
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	DV
NAME	NOCHEA, JESUS
STREET ADDRESS	1292 SW 21ST TER
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	DP
NAME	CUERVO, ENRIQUE
STREET ADDRESS	1510 SW 14TH TERR
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	DS
NAME	FRESNEDO, JOSE
STREET ADDRESS	1710 SW 18TH ST
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	DVS
NAME	CUERVO, DELIA
STREET ADDRESS	1510 SW 14TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	DV
NAME	CUERVO, ENRIQUE
STREET ADDRESS	1510 SW 14 TERR
CITY-ST-ZIP	MIAMI, FL 33145

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07/11/07-80004-009 61.25

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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: Cuervo 07/08/07 (305) 856-8576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #