

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 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



04222008 No Chg-NP

CR2E037 (4/06)

**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

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

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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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
VASQUEZ, OLIMPIA  
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

1100000830092  
05/21/08-80094-020 61.25

**DO NOT WRITE  
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

Date

Daytime Phone #

*Enrique Cuervo* **ENRIQUE CUERVO** 04/20/08 (305) 856-8519