


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 09, 2008 8:00 am
Secretary of State

05-12-2008 90032 026 ****61.25

DOCUMENT # N47692 1. Entity Name MUNICIPIO DE CIENFUEGOS, INC.	
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Principal Place of Business 10759 SW 7 STREET MIAMI, FL 33174 US	Mailing Address POST OFFICE BOX 654405 MIAMI, FL 33265-4405 US
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0322649	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUIJANO, RAMON H
 10759 SW 7 STREET
 MIAMI, FL 33174

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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 re-registering)

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	DP QUIJANO, RAMON H 10759 SW 7TH STREET MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUSTAMANTE, ESPERANIA 9159 SW 77 AVE APT 304 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HERNANDEZ, ANTONIO 971 WREN AVE MIAMI SPRINGS, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 my address, with (a) other like empowered.

SIGNATURE: *Ramon Hernandez Quijano* Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR