2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47692

Entity Name: MUNICIPIO DE CIENFUEGOS, INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10759 SW 7 STREET 13948 SW 155TH TERR MIAMI, FL 33174 MIAMI, FL 33177

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 654405 MIAMI, FL 332654405 US

FEI Number: 65-0322649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

QUIJANO, RAMON H OLIVER, JACINTO 10759 SW 7 STREET 13948 SW 155TH TERR MIAMI, FL 33174 MIAMI, FL 33177

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.

SIGNATURE: JACINTO OLIVER 03/23/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete QUIJANO, RAMON H OLIVER, JACINTO Name: Name:

10759 SW 7TH STREET Address: 13948 SW 155TH TERR Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip: MIAMI, FL 33177

Title: DS () Delete Title: (X) Change () Addition Name: BUSTAMANTE, ESPERANIA Name: BUSTAMANTE, ESPERANZA Address: 9159 SW 77 AVE APT 304 Address: 9159 SW 77 AVE APT 304 City-St-Zip: MIAMI, FL 33156 City-St-Zip: MIAMI, FL 33156

Title: () Delete Title: (X) Change () Addition

HERNANDEZ, ANTONIO Name: HERNANDEZ, ANTONIO G Name: 971 WREN AVE Address: 971 WREN AVE

Address:

City-St-Zip: MIAMI SPRINGS, FL 33166 City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO G. HERNANDEZ DT 03/23/2009