

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)-

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000002979

1. Entity Name
MUNICIPIO DE SANTA CRUZ DEL SUR EN EL EXILIO, INC.



Principal Place of Business
**851 NW 14TH CT.
MIAMI FL 33125**

Mailing Address
**851 NW 14TH CT.
MIAMI FL 33125**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number **65-0429856** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**VIAMONTES, CIRO L
851 NW 14TH CT.
MIAMI FL 33125**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VIAMONTES, CIRO L			NAME			
STREET ADDRESS	851 NW 14TH CT.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33125			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARTEAGA, CARLOS			NAME			
STREET ADDRESS	7411 PANAMA ST			STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VIAMONIES, GEORGINA C			NAME			
STREET ADDRESS	851 NW 14TH CT.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33125			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUAREZ, MAGALI			NAME			
STREET ADDRESS	400 NW 43RD PL.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33128			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FONSECA, NANCY			NAME			
STREET ADDRESS	2101 N.W. 18TH STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIAZ, JOSE M.			NAME			
STREET ADDRESS	10035 SW 12 TERR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 _____