

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90030 019 ****61.25

DOCUMENT # N93000002979	
1. Entity Name	
MUNICIPIO DE SANTA CRUZ DEL SUR EN EL EXILIO, INC.	

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



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ 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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ARTEAGA, CARLOS	NAME	
STREET ADDRESS	7411 PANAMA ST	STREET ADDRESS	
CITY- ST- ZIP	MIRAMAR FL	CITY- ST- ZIP	
TITLE	DS ☐ Delete	TITLE	☐ Change ☐ 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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SUAREZ, MAGALI	NAME	
STREET ADDRESS	400 NW 43RD PL.	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33128	CITY- ST- ZIP	
TITLE	DT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FONSECA, NANCY	NAME	
STREET ADDRESS	2101 N.W. 18TH STREET	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	CITY- ST- ZIP	
TITLE	DT ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	DIAZ, JOSE M.	NAME	Jimenez, MARICA
STREET ADDRESS	10035 SW 12 TERR	STREET ADDRESS	2101 NW 18 STREET
CITY- ST- ZIP	MIAMI FL 33174	CITY- ST- ZIP	MIAMI, FL

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: *Ciro Viarmontes*

3/20/08