2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002979

FILED Apr 29, 2009 Secretary of State

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

Current Principal Place of Business:			New Pri	New Principal Place of Business:		
851 NW 14TH CT. MIAMI, FL 33125				851 NW 14TH COURT MIAMI, FL 33125		
Current N	lailing Addre	ss:	New Mai	ailing Address:		
851 NW 1 MIAMI, FL				/ 14TH COURT FL 33125		
FEI Number	: 65-0429856	FEI Number Applied For()	FEI Number Not Ap	Applicable () Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	Name ar	nd Address of New Registered Agent:		
VIAMONT 851 NW 14 MIAMI, FL			851 NW	NTES, CIRO L 7 14TH COURT FL 33125 US		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing	ng its registered office or registered agent, or bo		
SIGNATURE:				04/29/2009		
	Electro	nic Signature of Registered Age	ent	Date		
OFFICER	S AND DIREC	TORS:	ADDITIO	ONS/CHANGES TO OFFICERS AND DIRECT		
Title: Name: Address: City-St-Zip:	DP (VIAMONTES, 0 851 NW 14TH MIAMI, FL 33	СТ.	Title: Name: Address: City-St-Zip	()Change ()Addition p:		
Title: Name: Address: City-St-Zip:	DV (ARTEAGA, CA 7411 PANAMA MIRAMAR, FL		Title: Name: Address: City-St-Zip	()Change ()Addition p:		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip	() Change() Addition p:		
Title: Name: Address: City-St-Zip:	DS (SUAREZ, MAG 400 NW 43RD MIAMI, FL 33'	PL.	Title: Name: Address: City-St-Zip	()Change ()Addition p:		
Title: Name: Address: City-St-Zip:	DT (FONSECA, NA 2101 N.W. 187 MIAMI, FL		Title: Name: Address: City-St-Zip	() Change () Addition		
Title: Name: Address: City-St-Zip:	DT (DIMENZ, MAR 2101 NW 18 S MIAMI, FL 33	TREET	Title: Name: Address: City-St-Zip	DT (X) Change () Addition JIMENZ, MARCIA 2101 NW 18 STREET p: MIAMI, FL 33174		

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: CIRO L VIAMONTES DP 04/29/2009