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

DOCUMENT # N95000000384

1. Entity Name

SIGNATURE

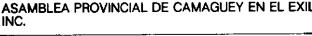
ASAMBLEA PROVINCIAL DE CAMAGUEY EN EL EXILIO.

03-10-2006 90017 047 ****61.25

FILED

Secretary of State

Mar 10, 2006 8:00 am



Principal Place of Business Mailing Address 851 NW 14TH CT. MIAMI FL 33125-3621 851 NW 14TH CT. MIAMI FL 33125-3621 2. Principal Place of Business 3. Mailing Address

Applied For

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zio Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

1st MOORE CR2E037 (10/05)

65-0553819 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

VIAMONTES, CIRO L 851 NW 14TH CT. MIAMI FL 33125-3621

Name					
Street Address (P.O. Box Number is Not Acceptable)					
	_				
City			E1	Zip Code	

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

4. FEI Number

Make Check Payable to Florida Department of State

Due By May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change Addition Delete TITLE Ciro L. Viamontes VIAMONT, CIRO L MARKE 851 NW 14th Court 851 NW 14 COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33125 CITY-ST-ZIP Miami, FL 33125 CITY-ST-ZIP ☐ Change ☐ Addition PO ☐ Delete TITLE TITLE SOSA, ROBERTO NAME NAME 671 E 53 ST. STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY - ST - ZIP HIALEAH FL 33013 ☐ Change TITLE Addition Delete DS TITLE Ms. Georgelina C. Viamonte§ 851 NW 14th Ct. NAME NAME GEORELINA, VIAMONTES 851 NW 14 CT STREET ADDRESS STREET ADDRESS Miami, FL 33125-3621 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 ☐ Change Addition DP ☐ Delete TITLE TiTLE NAME NAME AKED, RAUL STREET ADDRESS STREET ADDRESS 1075 SW 45 AVENUE AUED-Raul CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33134 ☐ Addition DV ☐ Delete TITLE TITLE COSIO, DARIO NAME 4051 SW 112 AVE STREET ADORESS STREET ADDRESS COTY-ST-ZIP **MIAMI FL 33134** CITY-ST-ZIP Change Addition דח ☐ Delete TITLE TITLE HALF SANCHEZ, RICARDO NAME 41 NW 59 CT STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP 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, withyall other like empowered.

SIGNATURE:

CER OR DIRECTOR

305-541-6083