


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000000384 1. Entity Name ASAMBLEA PROVINCIAL DE CAMAGUEY EN EL EXILIO, INC.	
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Principal Place of Business 851 NW 14TH CT. MIAMI FL 33125-3621	Mailing Address 851 NW 14TH CT. MIAMI FL 33125-3621
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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 (10/06)

4. FEI Number 65-0553819	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VIAMONTES, CIRO L 851 NW 14TH CT. MIAMI FL 33125-3621	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP	
NAME	VIAMONTES, CIRO L	
STREET ADDRESS	851 NW 14 COURT	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SOSA, ROBERTO	
STREET ADDRESS	671 E 53 ST.	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	DS	<input type="checkbox"/> Delete
NAME	VIAMONTES, GEORGINA C	
STREET ADDRESS	851 NW 14 CT	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	DP	<input type="checkbox"/> Delete
NAME	AUED, RAUL	
STREET ADDRESS	1075 SW 45 AVENUE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COSIO, DARIO	
STREET ADDRESS	4051 SW 112 AVE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SANCHEZ, RICARDO	
STREET ADDRESS	41 NW 59 CT	
CITY-ST-ZIP	MIAMI FL 33125	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000636266		
NAME	02/26/07-80010-003 61.25		
STREET ADDRESS			
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: *Ciro Viamontes*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR