

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002734

FILED
Mar 07, 2009
Secretary of State

Entity Name: MUNICIPIO DE SANTIAGO DE LAS VEGAS MUNICIPALITY ASSOCIATION IN EXILE, INC.

Current Principal Place of Business:

306 S W 95 PLACE
MIAMI, FL 33174

New Principal Place of Business:

14320 S.W. 19TH TERRACE
MIAMI, FL 33175

Current Mailing Address:

P O BOX 110987
MIAMI, FL 33011

New Mailing Address:

14320 S.W. 19TH TERRACE
MIAMI, FL 33175

FEI Number: 65-0857223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORBOLLA, ARTURO
381 E 53 STREET
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

GONZALEZ, NILDA
14320 S.W. 10TH TERRACE
MIAMI, FL 33175 US

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.

SIGNATURE: NILDA GONZALEZ

03/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TEMES, ALEJO E
Address: 6300 APPALOOSA TRAIL
City-St-Zip: S.W. RANCHES, FL 33330

Title: S () Delete
Name: MARTINEZ, IRIS
Address: 1860 S.W. 66 CT
City-St-Zip: MIAMI, FL 33155

Title: T () Delete
Name: BORBOLLA, ARTURO
Address: 381 E 53 STREET
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GONZALEZ, NILDA
Address: 14320 S.W. 19TH TERRACE
City-St-Zip: MIAMI, FL 33175

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: NILDA GONZALEZ

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03/07/2009

Electronic Signature of Signing Officer or Director

Date