2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006719

FILED Jan 07, 2009 Secretary of State

Entity Name: MUNICIPIO DE ARTEMISA EN EL EXILIO, INC.

Current Principal Place of Business:		New Principal Place of Business:	
716 W 32	R. PEREIRA PND STREET I, FL 33012		
Current Mailing Address:		New Mailing Address:	
372 W. 46 HIALEAH	6 ST I, FL 33012		
El Numbe	r: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired (X)
lame an	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:
372 W 46	Z, EVELIO FTH ST I, FL 33012 US		
	e named entity submits this statement for the te of Florida.	e purpose of changing its register	ed office or registered agent, or both
SIGNATU	JRE:		
	Electronic Signature of Registered A	gent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
itle: lame: ddress: city-St-Zip:	D () Delete GONZALEZ, LUIS 9191 FOUNTAIN BLUE BLVD. MIAMI, FL 33172	Title: Name: Address: City-St-Zip:	() Change () Addition
itle: lame: ddress: ity-St-Zip:	D () Delete PEREIRA, CARLOS R 716 W. 32ND STREET HIALEAH, FL 33012	Title: Name: Address: City-St-Zip:	() Change () Addition
itle: lame: ddress: :ity-St-Zip:	D () Delete MARTINEZ, CARLOS M 10 EAST 4TH STREET HIALEAH, FL 33013	Title: D Name: ALVAREZ, Address: 372 W 46 City-St-Zip: HIALEAH,	
itle: lame:	D () Delete MARTINEZ, RIGOBERTO J 1856 N.W. 16TH STREET MIAMI, FL 33125	Title: Name: Address: City-St-Zip:	() Change () Addition
ddress: :ity-St-Zip:	D () D-I-t-	Title:	() Change () Addition
	D () Delete ARRECHEA, PEDRO 18922 NW 80TH CT. HIALEAH, FL 33015	Name: Address: City-St-Zip:	

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: EVELIO ALVAREZ D 01/07/2009