

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N99000003486

1. Entity Name
MUNICIPIO DE COLON EN EL EXILIO, INC.



FILED

08 JUL 11 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07082008 Chg-NP CR2E037 (12/06)

Principal Place of Business
SHENANDOAH STAKON
P.O. BOX 450673
MIAMI, FL 33245

Mailing Address
FALCON, ROSARIO
2923 NW 22ND AVE 7
MIAMI, FL 33142

2. Principal Place of Business - No P.O. Box #

Shenandoah Stakon

Suite, Apt. #, etc.
11941 SW 135 CT

City & State

MIAMI FL

Zip

33186

Country

DADE

3. Mailing Address

Abreu Libertad E.

Suite, Apt. #, etc.
11941 SW 135 CT

City & State

Miami FL

Zip

33186

Country

DADE

4. FEI Number
65-0997162

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FALCON, ROSARIO
2923 NW 22ND AVE., #7
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name
ABREU LIBERTAD E.

Street Address (P.O. Box Number is Not Acceptable)

11941 SW 135 CT

City
MIAMI

FL

Zip Code
33186

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 *Libertad E. Abreu*

7/8/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FALCON, ROSARIO ☒ Delete
STREET ADDRESS 2923 NW 22ND AVE., #7
CITY-ST-ZIP MIAMI, FL 33142

TITLE TD
NAME ABREU, LIBERTAD E ☐ Delete
STREET ADDRESS 11941 SW 135 CT
CITY-ST-ZIP MIAMI, FL 33186

TITLE D
NAME GUTIERREZ, JORGE ☐ Delete
STREET ADDRESS 9173 FOUNTAINBLUE BLVD., #4
CITY-ST-ZIP MIAMI, FL 33172

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME AVILA, LUCIO
STREET ADDRESS 405 E. 44 ST. Hialeah FL 33013

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 900132997809
CITY-ST-ZIP 07/16/08--01005--002 **\$61.25

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Lucio Avila President

7/8/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #