


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90092 032 ****61.25

DOCUMENT # N99000005765	
1. Entity Name MUNICIPIO SAN ANTONIO DE LOS BANOS, INC.	

Principal Place of Business 901 EAST 30TH STREET HIALEAH FL 33013	Mailing Address 901 EAST 30TH STREET HIALEAH FL 33013
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2. Principal Place of Business 8080 S.W 205 ST	3. Mailing Address 8080 SW. 205
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Mia. FL.	City & State Mia. FL. 33189
Zip 33189	Country Mia. Dade

1st MOORE	CR2E037 (10/04)
4. FEI Number 65-1040064	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEAL, EMILDO 901 EAST 30TH STREET HIALEAH FL 33013	
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7. Name and Address of New Registered Agent Name Leal, Emildo Street Address (P.O. Box Number is Not Acceptable) 8080 SW. 205 ST City Mia. FL. Zip Code 33189	
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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 Emildo Leal T.D. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable		DATE 4/30/05
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUETO, JUAN M 17200 SW 90TH AVENUE MIAMI FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUINTERO, CARLOS 1742 CURTIS DRIVE HIALEAH FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEAL, EMILDO 901 EAST 30TH STREET HIALEAH FL 33013 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Leal, Emildo 8080 SW. 205 ST Mia. FL. 33189 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Emildo Leal T.D. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/30/05 DAYTIME PHONE # 305-278-9970