
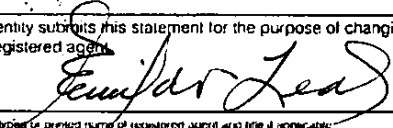
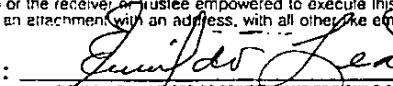


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AK)

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90158 029 \*\*\*\*61.25

<b>DOCUMENT # N99000005765</b> 1. Entity Name <b>MUNICIPIO SAN ANTONIO DE LOS BANOS, INC.</b>																																																																																																																	
Principal Place of Business <b>8080 SW 205 STREET MIAMI FL 33189</b>			Mailing Address <b>8080 SW 205 STREET MIAMI FL 33189</b>																																																																																																														
2. Principal Place of Business		3. Mailing Address																																																																																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																															
City & State		City & State		4. FEI Number <b>65-1040064</b>																																																																																																													
Zip		Country		Applied For <input type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																																															
6. Name and Address of Current Registered Agent  <b>LEAL, EMILDO 8080 SW 205 STREET MIAMI FL 33189</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																														
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:  <span style="float: right;">1/28/06</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying)</small>																																																																																																																	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																													
<b>Make Check Payable to Florida Department of State</b>																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CUETO, JUAN M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17200 SW 90TH AVENUE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI FL 33157</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>QUINTERO, CARLOS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1742 CURTIS DRIVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>HIALEAH FL 33010</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEAL, EMILDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8080 SW 205 STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI FL 33189</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Garcia, Sergio</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7330 S.W. 88 PL.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>Mia. FL 33173</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	CUETO, JUAN M		STREET ADDRESS	17200 SW 90TH AVENUE		CITY- ST- ZIP	MIAMI FL 33157		TITLE	SD	<input type="checkbox"/> Delete	NAME	QUINTERO, CARLOS		STREET ADDRESS	1742 CURTIS DRIVE		CITY- ST- ZIP	HIALEAH FL 33010		TITLE	TD	<input type="checkbox"/> Delete	NAME	LEAL, EMILDO		STREET ADDRESS	8080 SW 205 STREET		CITY- ST- ZIP	MIAMI FL 33189		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Garcia, Sergio		STREET ADDRESS	7330 S.W. 88 PL.		CITY- ST- ZIP	Mia. FL 33173		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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 fee empowered.																																																																																																																	
SIGNATURE:  <span style="float: right;">1/28/06      305-278-9970</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																	
<b>EMILDO LEAL</b>																																																																																																																	



ATTACHMENT

40027396

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2006

MUNICIPIO SAN ANTONIO DE LOS BANOS, INC.  
8080 SW 205 STREET  
MIAMI, FL 33189

Subject: MUNICIPIO SAN ANTONIO DE LOS BANOS, INC.

Reference Number: N99000005765

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Your check must be complete with the date, payee, amount and a signature.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION