


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 702057

1. Entity Name
CONFEDERACION DE TRABAJADORES DE CUBA DELEGACION DE MIAMI, (CDTCDM), INC.



Principal Place of Business 1700 DELAWARE PKWY 33 MIAMI, FL 33125	Mailing Address 1700 DELAWARE PKWY 33 MIAMI, FL 33125
--	--

DO NOT WRITE IN THIS SPACE



02172006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALONSO, JOSE M
1700 DELAWARE PKWY - APT. 33
MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALONSO, JOSE M 1700 DELAWARE PKWY - APT. 33 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GS POMAR, FACUNDO 1577 SW 21 STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, OVIDIO 8595 SUNRISE LAKES BLVD - APT. 212 FORT LAUDERDALE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARIAS, ROSA F 4717 NW 7 STREET BLDG. 10 - APT. 104 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YODRA, CARLOS 3000 SW 77 COURT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GS MARTIN, NICOLAS R 902 SE 102 PLACE MIAMI, FL 33174

03/15/06-80041-018 61.25

DO NOT WRITE IN THIS SPACE

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: Jose M. Alonso *Jose M Alonso* 3-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #