


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 A**  
**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**



02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	ALONSO, JOSE M
STREET ADDRESS	1700 DELAWARE PKWY - APT. 33
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	GS
NAME	FERNANDEZ, WILFREDO
STREET ADDRESS	1300 LINCOLN RD #303
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	S
NAME	LOPEZ, OVIDIO
STREET ADDRESS	8595 SUNRISE LAKES BLVD - APT. 212
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322
TITLE	S
NAME	ARIAS, ROSA F
STREET ADDRESS	4717 NW 7 STREET BLDG. 10 - APT. 104
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	S
NAME	YODRA, CARLOS
STREET ADDRESS	3000 SW 77 COURT
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	GS
NAME	MARTIN, NICOLAS R
STREET ADDRESS	902 SE 102 PLACE
CITY-ST-ZIP	MIAMI, FL 33174

**DO NOT WRITE IN THIS SPACE**

U00000839585  
 03/06/08-80015-004 61.25

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 (M) **2-18-08** 305-633-1913

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #