
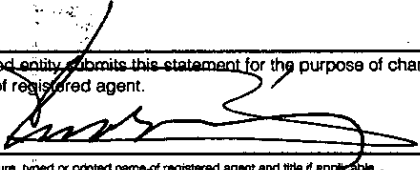



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90026 032 ****70.00

DOCUMENT # 704687 1. Entity Name THE NATIONAL JOURNALISTS' ASSOCIATION OF CUBA IN EXILE, INC.					
Principal Place of Business 900 S.W. 1ST STREET 2ND FLOOR MIAMI, FL 33130			Mailing Address 900 S.W. 1ST STREET 2ND FLOOR MIAMI, FL 33130		
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. <i>200</i>		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 		Country <i>DADE</i>		Zip 	
Country 		Country 			
4. FEI Number 59-1753963			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FELIPE, LUIS MARSANS 3085 NW 4TH STREET MIAMI, FL 33135			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;"> FL Zip Code </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  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARSANS, LUIS FELIPE 3085 NW 4TH STREET MIAMI, FL 33125	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARSANS, LOU 3085 NW 4 STREET MIAMI, FL 33125	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARRESTO, ELADIO 1393 SW 1ST ST, ROOM 20 MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> LUIS-FELIPE MARSANS					
Date: <i>July 7/04</i> (205) 633-3341 x224					

34061663



07052004 Chg-NP CR2E037 (10/03)