2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711633

FILED Apr 27, 2006 Secretary of State

Entity Name: UNION OF CUBANS IN EXILE, INCORPORATED.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
340 SEVIL CORAL G	LA AVE. ABLES, FL 33	3134		
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
340 SEVIL CORAL G	LA AVE. ABLES, FL 33	3134		
FEI Number	: 59-6231760	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
340 SEVIL	DEZ, JULIO LLA AVE. ABLES, FL 33	3134 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,
n the Stat	e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,
n the Stat	e of Florida.	submits this statement for the		ed office or registered agent, or both, Date
in the Stat	e of Florida.	nic Signature of Registered Ag	ent	
in the Stat SIGNATU	e of Florida. RE: Electro S AND DIREC	nic Signature of Registered Age CTORS:) Delete JULIO 1594	ent	Date
in the Stat SIGNATU OFFICER Title: Name: Address:	e of Florida. RE: Electro S AND DIREC PD (HERNANDEZ, P O BOX 1590 MIAMI, FL 33	nic Signature of Registered Age CTORS:) Delete JULIO 1594 159) Delete RENZO,	ent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTORS
n the Stat SIGNATU OFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	e of Florida. RE: Electro S AND DIREC PD (HERNANDEZ, P O BOX 1590 MIAMI, FL 331 VD (DE TORO, LOI 520 NW 31 AV MIAMI, FL	nic Signature of Registered Agentors:) Delete JULIO 0594 159) Delete RENZO, //E.) Delete iELIA,	Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	Date GES TO OFFICERS AND DIRECTORS () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO ZARRAGA TD 04/27/2006