


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90152 020 ****70.00

DOCUMENT # 730567

1. Entity Name
CUBAN AMERICAN BAR ASSOCIATION, INC.



Principal Place of Business
25 W FLAGLER ST
800
MIAMI, FL 33130 US

Mailing Address
25 W FLAGLER ST
800
MIAMI, FL 33130 US



2. Principal Place of Business
100 SE 2nd STREET
 Suite, Apt. #, etc.
Suite 2800

3. Mailing Address
100 SE 2nd STREET
 Suite, Apt. #, etc.
Suite 2800

02112005 Chg-NP CR2E037 (10/03)

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number
59-2512094

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DIAZ, VICTOR M
25 W FLAGLER ST
SUITE 800
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name
Antonio C. Castro

Street Address (P.O. Box Number is Not Acceptable)
100 SE 2nd STREET, Suite 2800

City
Miami, FL

Zip Code
33131

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 Antonio C. Castro *Antonio Castro* 2/11/05
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, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED CASTRO, ANTONIO 25 W FLAGLER ST 800 MIAMI, FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABADIN, RAMON 25 W FLAGLER ST SUITE 800 MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOPEZ-CASTRO, CORI 25 W FLAGLER ST SUITE 800 MIAMI, FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERNANDEZ, ELIZABETH 25 W FLAGLER ST SUITE 800 MIAMI, FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYES, YVETTE B 25 W FLAGLER ST SUITE 800 MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUINTANA-MORALES, MARLENE 25 W FLAGLER ST SUITE 800 MIAMI, FL 33130	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Castro, Antonio C. 100 SE 2nd Street, Suite 2800 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD De las Cuevas-Diaz, Vivian 100 SE 2nd Street, Suite 2800 Miami, FL 33131	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED Lopez-Castro, Cori 100 SE 2nd Street, Suite 2800 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Hernandez, Elizabeth M. 100 SE 2nd Street, Suite 2800 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Del Pino, Victoria 100 SE 2nd Street, Suite 2800 Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Morales, Marlene 100 SE 2nd Street, Suite 2800 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Victoria Méndez *Victoria Méndez* 2/11/05 305-298-0480
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

ATTACHMENT

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 730567 1. Entity Name CUBAN AMERICAN BAR ASSOCIATION, INC.		
Principal Place of Business 25 W FLAGLER ST 800 MIAMI, FL 33130 US		Mailing Address 25 W FLAGLER ST 800 MIAMI, FL 33130 US
2. Principal Place of Business 100 SE 2nd STREET		3. Mailing Address 100 SE 2nd STREET
Suite, Apt. #, etc. Suite 2800		Suite, Apt. #, etc. Suite 2800
City & State Miami, Florida		City & State Miami, Florida
Zip 33131	Country USA	Zip 33131
Country USA		Country USA
6. Name and Address of Current Registered Agent DIAZ, VICTOR M 25 W FLAGLER ST SUITE 800 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Antonio C. Castro Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street, Suite 2800 City Miami, FL Zip Code 33131
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 Antonio C. Castro <i>Antonio Castro</i> 2/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2005		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 PED CASTRO, ANTONIO <input checked="" type="checkbox"/> Delete	STREET ADDRESS 25 W FLAGLER ST 800 MIAMI, FL 33130	TITLE NAME SD Mendez, Victoria <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME PD ABADIN, RAMON <input checked="" type="checkbox"/> Delete	STREET ADDRESS 25 W FLAGLER ST SUITE 800 MIAMI, FL 33130	STREET ADDRESS 100 SE 2nd Street, Suite 2800 Miami, FL 33131
TITLE NAME VPD LOPEZ-CASTRO, CORI <input checked="" type="checkbox"/> Delete	STREET ADDRESS 25 W FLAGLER ST SUITE 800 MIAMI, FL 33130	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VPD HERNANDEZ, ELIZABETH <input checked="" type="checkbox"/> Delete	STREET ADDRESS 25 W FLAGLER ST SUITE 800 MIAMI, FL 33130	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD REYES, YVETTE B <input checked="" type="checkbox"/> Delete	STREET ADDRESS 25 W FLAGLER ST SUITE 800 MIAMI, FL 33130	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD QUINTANA-MORALES, MARLENE <input checked="" type="checkbox"/> Delete	STREET ADDRESS 25 W FLAGLER ST SUITE 800 MIAMI, FL 33130	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Victoria Méndez <i>Victoria Méndez</i> 2/11/05 305-298-0480 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		

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