

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730567

FILED
Jan 11, 2010
Secretary of State

Entity Name: CUBAN AMERICAN BAR ASSOCIATION, INC.

Current Principal Place of Business:

2333 PONCE DE LEON BOULEVARD
SUITE 302
CORAL GABLES, FL 33134 US

New Principal Place of Business:

201 SOUTH BISCAYNE BLVD.
SUITE 1000
MIAMI, FL 33131 US

Current Mailing Address:

2333 PONCE DE LEON BOULEVARD
SUITE 302
CORAL GABLES, FL 33134 US

New Mailing Address:

201 SOUTH BISCAYNE BLVD.
SUITE 1000
MIAMI, FL 33131 US

FEI Number: 59-2512094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ-MEDINA & ASSOCIATES, P.A.
2333 PONCE DE LEON BOULEVARD
SUITE 302
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GARCIA-LINARES, MANUEL
Address: 201 SOUTH BISCAYNE BLVD., SUITE 1000
City-St-Zip: MIAMI, FL 33131 US

Title: VPD
Name: FERRERA, SANDRA
Address: 2333 PONCE DE LEON BOULEVARD, SUITE 302
City-St-Zip: CORAL GABLES, FL 33134 US

Title: PED
Name: MENDEZ, VICTORIA
Address: 444 SW 2ND AVENUE, SUITE 945
City-St-Zip: MIAMI, FL 33130 US

Title: VPD
Name: DE LAS CUEVAS-DIAZ, VIVIAN C
Address: 2 SOUTH BISCAYNE BLVD, 21ST FLOOR
City-St-Zip: MIAMI, FL 33131 US

Title: TD
Name: HERNANDEZ, ANNIE
Address: 2 SOUTH BISCAYNE BLVD., SUITE 2400
City-St-Zip: MIAMI, FL 33131 US

Title: SD
Name: MESTRE, NICOLE
Address: 2655 LEJEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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 all other like empowered.

SIGNATURE: VIVIAN DE LAS CUEVAS-DIAZ

VPD

01/11/2010

Electronic Signature of Signing Officer or Director

Date