

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730567

FILED  
Feb 09, 2011  
Secretary of State

Entity Name: CUBAN AMERICAN BAR ASSOCIATION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

444 SW 2ND AVENUE  
SUITE 945  
MIAMI, FL 33130 US

## Current Mailing Address:

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

## New Mailing Address:

2 SOUTH BISCAYNE BOULEVARD  
SUITE 2400  
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: MENDEZ, VICTORIA  
Address: 444 SW 2ND AVENUE, SUITE 945  
City-St-Zip: MIAMI, FL 33130 US

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

Title: VPD  
Name: CHACON, RAUL  
Address: 200 S BISCAYNE BLVD, SUITE 300  
City-St-Zip: MIAMI, FL 33131 US

Title: VPD  
Name: MARTINEZ-CID, RICARDO M  
Address: 25 WEST FLAGLER STREET, SUITE 800  
City-St-Zip: MIAMI, FL 33130 US

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

Title: SD  
Name: DIAZ, ISABEL C  
Address: 2 SOUTH BISCAYNE BLVD, 21ST FLOOR  
City-St-Zip: MIAMI, FL 33131 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: ANNA MARIE HERNANDEZ

TD

02/09/2011

Electronic Signature of Signing Officer or Director

Date