

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 751866
 1. Entity Name
LEONES CUBANOS EN EL EXILIO, INC.



Principal Place of Business: **4600 NW 7TH ST MIAMI, FL 33125 US**
 Mailing Address: **P O BOX 352502 MIAMI, FL 33135 US**



07132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-1995309** Applied Fee: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, MELQUIADES
581 S.W. 44 PLACE
MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

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: _____ (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when returning) DATE: _____

Filing Fee is \$61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

OFFICER	P
NAME	BOLONOS, ANDRES
STREET ADDRESS	2662 S.W. 138 CT.
CITY-STATE-ZIP	MIAMI, FL 33125
OFFICER	SD
NAME	PALLAS, BERTA
STREET ADDRESS	9270 FOUNTAINBLEAU BLVD.
CITY-STATE-ZIP	MIAMI, FL 33192
OFFICER	TD
NAME	TORRES, MELQUIADES
STREET ADDRESS	581 S.W. 44 PLACE
CITY-STATE-ZIP	MIAMI, FL 33134
OFFICER	VD
NAME	ABREU, ERNESTINO
STREET ADDRESS	10863 S.W. 34 ST.
CITY-STATE-ZIP	MIAMI, FL 33165
OFFICER	VS
NAME	BAUTA, GUILLERMO
STREET ADDRESS	2829 INDIAN CRK. DR. APT. 1008
CITY-STATE-ZIP	MIAMI BEACH, FL 33140
OFFICER	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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 07/16/04-80009-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: *Melquiades Torres*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/04 (305) 443 5010
 Date Daytime Phone