


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90043 009 ****61.25

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1995309				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TORRES, MELQUIADES 581 S.W. 44 PLACE MIAMI FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: 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	P	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLONOS, ANDRES		NAME	DE PEDRO, ANGEL	
STREET ADDRESS	2662 S.W. 138 CT.		STREET ADDRESS	4750 N.W. 6 ST	
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALLAS, BERTA		NAME		
STREET ADDRESS	9270 FOUNTAINEBLEAU BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33192		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, MELQUIADES		NAME	TORRES, MELQUIADES	
STREET ADDRESS	581 S.W. 44 PLACE		STREET ADDRESS	581 S.W. 44 PL	
CITY-ST-ZIP	MIAMI FL 33134		CITY-ST-ZIP	MIAMI, FL. 33134	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABREU, ERNESTINO		NAME		
STREET ADDRESS	10863 S.W. 34 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUTA, GUILLERMO		NAME		
STREET ADDRESS	2829 INDIAN CRK. DR. APT. 1008		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Melquiades Torres</u> MELQUIADES TORRES - PRESIDENT <u>3/8/05</u> <u>(305) 443-5010</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					