


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90060 008 \*\*\*\*61.25

<b>DOCUMENT # 751866</b>			
1. Entity Name <b>LEONES CUBANOS EN EL EXILIO, INC.</b>			
Principal Place of Business <b>4600 NW 7TH ST MIAMI FL 33125 US</b>		Mailing Address <b>P O BOX 352502 MIAMI FL 33135 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-1995309</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>TORRES, MELQUIADES 581 S.W. 44 PLACE MIAMI FL 33134</b>		7. Name and Address of New Registered Agent Name <b>ANGEL DE PEDRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>4750 N.W. 6<sup>TH</sup> STREET</b> City <b>MIAMI</b> FL Zip Code <b>33126</b>	
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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 *Angel de Pedro* **ANGEL DE PEDRO**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: V NAME: DE PEDRO, ANGEL STREET ADDRESS: 4750 NW 6 ST CITY ST-ZIP: MIAMI FL 33126 <input checked="" type="checkbox"/> Delete		TITLE: VP NAME: LEONOR FERREIRA STREET ADDRESS: 1420 S.W. 12 <sup>TH</sup> STREET CITY ST-ZIP: MIAMI, FL. 33135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD NAME: PALLAS, BERTA STREET ADDRESS: 9270 FOUNTAINEBLEAU BLVD. CITY ST-ZIP: MIAMI FL 33192 <input checked="" type="checkbox"/> Delete		TITLE: SD NAME: AMERICA LOPEZ-LUIS STREET ADDRESS: 1769 S.W. 15 <sup>TH</sup> STREET CITY ST-ZIP: MIAMI, FL. 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P NAME: TORRES, MELQUIADES STREET ADDRESS: 581 S.W. 44 PLACE CITY ST-ZIP: MIAMI FL 33134 <input checked="" type="checkbox"/> Delete		TITLE: P NAME: ANGEL DE PEDRO STREET ADDRESS: 4750 N.W. 6 <sup>TH</sup> STREET CITY ST-ZIP: MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: ABREU, ERNESTINO STREET ADDRESS: 10863 S.W. 34 ST. CITY ST-ZIP: MIAMI FL 33165 <input type="checkbox"/> Delete		TITLE: OK NAME: OK STREET ADDRESS: OK CITY ST-ZIP: OK <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VS NAME: BAUTA, GUILLERMO STREET ADDRESS: 2829 INDIAN CRK. DR. APT. 1008 CITY ST-ZIP: MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Delete		TITLE: VS NAME: BERTA PALLAS STREET ADDRESS: 2810 S.W. 108 <sup>TH</sup> PLACE CITY ST-ZIP: MIAMI, FL. 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: T NAME: FRANCISCO CARRILLO STREET ADDRESS: 3020 N.W. FLAGLER TERR CITY ST-ZIP: MIAMI, FL. 33125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Angel de Pedro* **ANGEL DE PEDRO PTE.** 2/05/07 (302) 443-4070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR