


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000004301
 1. Entity Name
 FREE CUBA FOUNDATION INC.



Principal Place of Business
 10221 SW 109TH ST
 MIAMI, FL 33176

Mailing Address
 10221 SW 109TH ST
 MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE



03012003 No Chg-NP CR2E037 (10/03)

4. FEI Number
 31-1721974

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SUAREZ, JOHN J
 10221 SW 109TH ST
 MIAMI, FL 33176

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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 John J. Suarez [Signature] 5/1/04
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for an reinstating) 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

TITLE	D
NAME	SUAREZ, JOHN J
STREET ADDRESS	10221 SW 109TH ST
CITY - ST - ZIP	MIAMI, FL 33176
TITLE	D
NAME	UTSET, XAVIER
STREET ADDRESS	1763 COLUMBIA ROAD, NW, APT. 404
CITY - ST - ZIP	WASHINGTON, DC 20009
TITLE	D
NAME	ACOSTA, SANDY
STREET ADDRESS	3051 IDAHO AVE, NW APT 117
CITY - ST - ZIP	WASHINGTON, DC 20016
TITLE	D
NAME	VASQUEZ, CESAR
STREET ADDRESS	P O BOX 651943
CITY - ST - ZIP	MIAMI, FL 33265
TITLE	D
NAME	MARTINEZ, NERI A
STREET ADDRESS	1241 SW 143 AVE
CITY - ST - ZIP	MIAMI, FL 33184
TITLE	D
NAME	CASTRO, HELEN
STREET ADDRESS	7365 SW 93 AVE
CITY - ST - ZIP	MIAMI, FL 33173

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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 empowerment.

SIGNATURE: [Signature] John Suarez 5/1/04 305-945-3346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #