


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 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	



05042006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1721974	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 SUAREZ, JOHN J 10221 SW 109TH ST MIAMI, FL 33176	DO NOT WRITE IN THIS SPACE
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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 DATE _____
(Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reappointing))

**Filing Fee is \$61.25
Due by September 6, 2006**

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

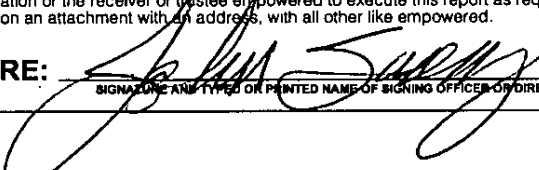
**U00000570108
07/13/06-80013-005 61.25**

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

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

 John J. Suarez 5/15/06 305-545-3246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #