

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N00000004301

Entity Name: FREE CUBA FOUNDATION INC.

Current Principal Place of Business:

10221 SW 109TH ST
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10221 SW 109TH ST
MIAMI, FL 33176

New Mailing Address:

FEI Number: 31-1721974 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SUAREZ, JOHN J
Address: 10221 SW 109TH ST
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: UTSET, XAVIER
Address: 1763 COLUMBIA ROAD, NW, APT. 404
City-St-Zip: WASHINGTON, DC 20009

Title: D () Delete
Name: MONGE, AUGUSTO
Address: 5727 NW 7TH STREET SUITE 178
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: VASQUEZ, CESAR
Address: P O BOX 651943
City-St-Zip: MIAMI, FL 33265

Title: D () Delete
Name: MARTINEZ, NERI A
Address: 1241 SW 143 AVE
City-St-Zip: MIAMI, FL 33184

Title: D () Delete
Name: CASTRO, HELEN
Address: 7365 SW 93 AVE
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J. SUAREZ

Electronic Signature of Signing Officer or Director

MR.

04/30/2009

_____ Date