2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N02000009908

Entity Name: CUBAN AMERICAN SOCIAL CLUB OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

4302 SE 5TH AVE., #3
CAPE CORAL, FL 33904

New Principal Place of Business:

1405 SE 20 AVE.
CAPE CORAL, FL 33990

Current Mailing Address:

4302 SE 5TH AVE., #3
CAPE CORAL, FL 33904

New Mailing Address:

1405 SE 20 AVE.
CAPE CORAL, FL 33990

FEI Number: 65-1033124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENDES-CHUMACEIRO, ALFREDO
4302 SE 5TH AVE., #3
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

MENDES-CHUMACEIRO, ALFREDO
1405 SE 20 AVE.
CAPE CORAL, FL 33990 US

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: ALFREDO MENDES-CHUMACEIRO 04/27/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MENDES-CHUMACEIRO, ALFREDO
Address: 4302 SE 5TH AVE., #3
City-St-Zip: CAPE CORAL, FL 33904

Title: VD ( ) Delete
Name: LOPEZ, DANIA
Address: 4302 SE 5TH AVE., #3
City-St-Zip: CAPE CORAL, FL 33904

Title: VD (X) Delete
Name: BELENO, JOVITA
Address: 4302 SE 5TH AVE., #3
City-St-Zip: CAPE CORAL, FL 33904

Title: STD ( ) Delete
Name: TREJO, MIRIAM
Address: 4302 SE 5TH AVE., #3
City-St-Zip: CAPE CORAL, FL 33904

Title: VD (X) Delete
Name: DELGADO, ORESTES E
Address: 4302 SE 5TH AVE., #3
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MENDES-CHUMACEIRO, ALFREDO
Address: 1405 SE 20 AVE.
City-St-Zip: CAPE CORAL, FL 33990

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 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 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: ALFREDO MENDES-CHUMACEIRO PD 04/27/2004
Electronic Signature of Signing Officer or Director Date