


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 18, 2008 8:00 am**  
**Secretary of State**

07-18-2008 90014 028 \*\*\*\*61.25

**DOCUMENT # N03000001901**

1. Entity Name  
**MEMORIAL CUBANO, INC.**



Principal Place of Business  
**5151 SW 8TH STREET**  
**MIAMI, FL 33134**

Mailing Address  
**5151 SW 8TH STREET**  
**MIAMI, FL 33134**

**60045051**



2. Principal Place of Business - No P.O. Box #  
**6550 SW 40 ST**

3. Mailing Address  
**6550 SW 40 ST**

Suite, Apt. #, etc.

07072008 Chg-NP CR2E037 (12/06)

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33155** Country  
**MIAMI DADE**

Zip  
**33155** Country  
**MIAMI-DADE**

4. FEI Number  
**56-2330115**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GOMEZ, RENATO**  
**5151 SW 8TH STREET**  
**MIAMI, FL 33134**

7. Name and Address of New Registered Agent  
 Name **RENATO GOMEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1061 SW 27 AVE**  
 City **MIAMI FL** Zip Code **33135**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by September 12, 2008**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GARCIA, FRANCISCO 6600 SW 24 ST. MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FRANCISCO GARCIA 6550 SW 40 ST MIAMI FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SOLERNEU, EMILIO 5151 SW 8 ST. MIAMI, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D EMILIO SOLERNEU 6550 SW 40 ST MIAMI FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARRERA, EDDY 13975 SW 9 ST. MIAMI, FL 33184 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D EDDY CARRERA 6550 SW 40 ST MIAMI FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D RENATO GOMEZ 1061 SW 27 AVE MIAMI FL 33135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Emilio Solerneu **EMILIO Solerneu** 7/8/08 786-346-5141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #