## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000002060

FILED Mar 31, 2009 Secretary of State

Entity Name: CUBAN AMERICAN SCHOLARSHIP & AID FOUNDATION CORP.

Current Principal Place of Business: New Principal Place of Business:

3437 NW 15TH STREET 3437 N.W. 15TH STREET

MIAMI, FL 33125 MIAMI, FL 33125

Current Mailing Address: New Mailing Address:

3437 N.W. 15TH STREET 3437 N.W. 15TH STREET

MIAMI, FL 33125 MIAMI, FL 33125

FEI Number: 03-0516580 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REVUELTA, GUILLERMO A REV.
3437 NW 15TH STREET
MIAMI, FL 33125 US

REVUELTA, GUILLERMO A REV.
3437 N.W. 15TH STREET
MIAMI, FL 33125 US

REVUELTA, GUILLERMO A REV.
3437 N.W. 15TH STREET
MIAMI, FL 33125 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: 03/31/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VTD () Delete
 Title:
 VTD (X) Change () Addition

 Name:
 ANORGA, MARTIN N REV.
 Name:
 ANORGA, MARTIN N REV.

 Address:
 5800 S W 5 TERR
 Address:
 5800 S.W. 5TH TERRACE

City-St-Zip: MIAMI, FL 33144 City-St-Zip: MIAMI, FL 33144

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition Name: MASPONS, MIGUEL A Name: MASPONS, MIGUEL A

 Address:
 5965 S W 100 ST
 Address:
 5965 S.W. 100TH STREET

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:
 MIAMI, FL 33156

Title: PD () Delete Title: PD (X) Change () Addition Name: REVUELTA, GUILLERMO REV. Name: REVUELTA, GUILLERMO A REV. Address: 3437 NW 15TH STREET Address: 3437 N.W. 15TH STREET

City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33125

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: MIGUEL A. MASPONS STD 03/31/2009