

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000001158

1. Entity Name
 INSTITUTE FOR DEMOCRACY IN CUBA AND LATIN AMERICA, INC.



Principal Place of Business
 1147 SW 13 TH AVE
 MIAMI, FL 33135

Mailing Address
 1147 SW 13TH AVE
 MIAMI, FL 33135



01112007 No Chg-NP CR2E037 (4/06)

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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, JULIO P/D
 11617 NW 62 TERR STE 430
 MIAMI, FL 33178

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

U00000610843
 02/02/07-80037-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HERNANDEZ, JULIO 11617 NW 62 TER STE 430 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEL RIO, LOURDES 1147 SW 13TH AVE MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROMERO, CYNTHIA 1147 SW 13TH AVE MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, AUREA 1147 SW 13TH AVE MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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