


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90044 039 \*\*\*\*70.00

<b>DOCUMENT # N10411</b>			
1. Entity Name <b>ASAMBLEA PROVINCIAL DE LA HABANA EN EL EXILIO, INC.</b>			
Principal Place of Business <b>3503 SW 6TH ST. MIAMI FL 33135</b>		Mailing Address <b>3503 SW 6TH ST. MIAMI FL 33135 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>59-2566367</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent <b>GOMEZ, ROBERTO PEREDA 3503 SW 6TH ST MIAMI FL 33135</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

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)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITO, JOSE M		NAME	Brito, Jose M.	
STREET ADDRESS	5033 NW 7TH ST #206		STREET ADDRESS	5033 NW 7TH St. # 206	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	Miami, Fl 33126	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, ARMANDO		NAME	Dominguez, Armando	
STREET ADDRESS	306 SW 95TH PL		STREET ADDRESS	306 SW 95TH PL	
CITY-ST-ZIP	MIAMI FL 33174		CITY-ST-ZIP	Miami, Fl 33174	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREDA GOMEZ, ROBERTO		NAME	Pereda Gomez, Roberto	
STREET ADDRESS	3503 SW 6TH ST		STREET ADDRESS	3503 SW 6TH ST	
CITY-ST-ZIP	MIAMI FL 33135		CITY-ST-ZIP	Miami, Fl 33135	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, IVAN		NAME	Hernandez, Ivan	
STREET ADDRESS	100300 SW 24TH ST APT D-31		STREET ADDRESS	10300 SW 24TH ST APT D-31	
CITY-ST-ZIP	MIAMI FL 33165		CITY-ST-ZIP	Miami, Fl 33165	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURTADO, NELY		NAME	Hurtado, Nely	
STREET ADDRESS	290 E 39TH STREET		STREET ADDRESS	290 E 39TH ST	
CITY-ST-ZIP	HIALEAH FL 33013		CITY-ST-ZIP	Hialeah, Fl 33013	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, SIMON A		NAME	Sanchez, Simon A.	
STREET ADDRESS	4634 SW 10TH ST		STREET ADDRESS	4634 SW 10TH ST	
CITY-ST-ZIP	MIAMI FL 33134		CITY-ST-ZIP	Miami, Fl 33134	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *van E. Hernandez* **van E. Hernandez, Treasury** **03-03-2004** **305-441-9085**

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