


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

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90007 049 \*\*\*\*70.00

**DOCUMENT # N10411**

1. Entity Name  
**ASAMBLEA PROVINCIAL DE LA HABANA EN EL EXILIO, INC.**



40000000

Principal Place of Business  
**3503 SW 6TH ST.  
 MIAMI, FL 33135**

Mailing Address  
**3503 SW 6TH ST.  
 MIAMI, FL 33135 US**



2. Principal Place of Business - No P.O. Box #  
**10300 S.W. 24th ST**

3. Mailing Address  
**10300 S.W. 24th**

Suite, Apt. #, etc.  
**APT. D-31**

Suite, Apt. #, etc.  
**APT. D-31**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33165**

Country  
**U.S.A.**

Zip  
**33165**

Country  
**U.S.A.**

01182008 Chg-NP CR2E037 (12/06)

**6. Name and Address of Current Registered Agent**

**GOMEZ, ROBERTO PEREDA  
 3503 SW 6TH ST  
 MIAMI, FL 33135**

4. FEI Number  
**59-2566367**

Applied For  
 Not Applicable

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

**7. Name and Address of New Registered Agent**

Name **IVAN HERNANDEZ**

Street Address (P.O. Box Number is Not Acceptable)  
**10300 S.W. 24th ST APT. D-31**

City **MIAMI** FL Zip Code **33165**

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 *Ivan Hernandez* DATE **01/18/08**

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>NARDO, JUAN A</b>	
STREET ADDRESS	<b>911 VENETIAN AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>BRITO, JOSE M</b>	
STREET ADDRESS	<b>5033 N.W. 7TH ST #206</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PEREDA GOMEZ, ROBERTO</b>	
STREET ADDRESS	<b>35033 SW 6TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33135</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, IVAN</b>	
STREET ADDRESS	<b>10300 SW 24TH ST., APT. D-31</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33165</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>HURTADO, NELY</b>	
STREET ADDRESS	<b>290 E 39TH ST.</b>	
CITY-ST-ZIP	<b>HIALEAH, FL 33013</b>	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>ENRIQUEZ, FRANCISCO</b>	
STREET ADDRESS	<b>10010 SW 20TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33165</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JESUS PERMY</b>	
STREET ADDRESS	<b>335 Florida Ave.</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ivan Hernandez* **IVAN HERNANDEZ** DATE **01/18/08**

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