


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90277 030 \*\*\*\*70.00

**DOCUMENT # N40539**

1. Entity Name  
**PARTIDO DEMOCRATA CRISTIANO DE CUBA CORP.**



Principal Place of Business  
**8500 SW 8 ST  
SUITE 254  
MIAMI, FL 33144**

Mailing Address  
**P.O. BOX 558987  
MIAMI, FL 33255**

**DO NOT WRITE IN THIS SPACE**



02292004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0231977**

Applied For  
Not Applicable

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

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

**GOMEZ, LOURDES  
1925 BRICKELL AVE APT D 1907  
MIAMI, FL 33129**

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IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMBERTO, ESTEVE 9220 SW 103RD ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, SIRO D 2425 S.W. 27 LANE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUERRA, PEDRO L. 7860 SW 22ND ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARSELINO, MIYARES 1236 SW 22ND AVE, #1 MIAMI, FL 331355028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *X* 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/04 (305) 264-9411  
Date Daytime Phone #