
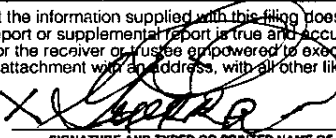


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90066 034 ****70.00

DOCUMENT # N40539					
1. Entity Name PARTIDO DEMOCRATA CRISTIANO DE CUBA CORP.					
Principal Place of Business 85 GRAND CANAL DRIVE, #106 MIAMI, FL 33144 US		Mailing Address 85 GRAND CANAL DRIVE, #106 MIAMI, FL 33144 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0231977	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04292007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOMEZ, LOURDES 1925 BRICKELL AVE, APT D 1907 MIAMI, FL 33129			Name		
			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) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUMBERTO, ESTEVE		NAME		
STREET ADDRESS	9220 SW 103RD ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASTILLO, SIRO D		NAME		
STREET ADDRESS	2425 SW 27 LANE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUERRA, PEDRO L		NAME		
STREET ADDRESS	7860 SW 22ND ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIYARES, MARCELINO		NAME		
STREET ADDRESS	1236 SW 22ND AVE, #1		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331355028		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			PEDRO L. GUERRA DIRECTOR.		04/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone # (305) 262-1024

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