


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

**FILED**  
**Jun 30, 2008 8:00 am**  
**Secretary of State**

06-30-2008 90021 035 \*\*\*\*70.00

<b>DOCUMENT # N40539</b>					
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.		06262008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0231977	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<del>GOMEZ, LOURDES 1025 BRICKELL AVE, APT D 1907 MIAMI, FL 33129</del>				Name <b>SIRO D. CASTILLO</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>2425 S.W. 27 LANE.</b>	
				City <b>MIAMI</b> FL Zip Code <b>33133</b>	
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 <i>X Siro del Castillo.</i>				DATE <i>06/26/08.</i>	
Filing Fee is \$61.25 Due by September 12, 2008				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	<del>D</del>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>HUMBERTO, ESTEVE</del>		NAME	<b>P. ANDRÉS HERNÁNDEZ.</b>	
STREET ADDRESS	<del>9220 SW 103RD ST</del>		STREET ADDRESS	<b>19 SHORE AVE.</b>	
CITY-ST-ZIP	<del>MIAMI, FL</del>		CITY-ST-ZIP	<b>BAYVILLE, N.Y. 11709</b>	
TITLE	<del>D</del>	<input type="checkbox"/> Delete	TITLE	<b>D.S.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CASTILLO, SIRO D</b>		NAME		
STREET ADDRESS	<b>2425 SW 27 LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>		CITY-ST-ZIP		
TITLE	<del>DT</del>	<input checked="" type="checkbox"/> Delete	TITLE	<b>DT ALDO VEGA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>GUERRA, PEDROL</del>		NAME	<b>185 S.W. 166 AVE.</b>	
STREET ADDRESS	<del>7060 GW 22ND ST</del>		STREET ADDRESS	<b>PEMBROKE PINES, FL 33027</b>	
CITY-ST-ZIP	<del>MIAMI, FL 33155</del>		CITY-ST-ZIP		
TITLE	<del>DP</del>	<input checked="" type="checkbox"/> Delete	TITLE	<b>VP RENE HERNÁNDEZ.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>MIXARES, MARCELINO</del>		NAME	<b>18545 S.W. 112 ST.</b>	
STREET ADDRESS	<del>1236 GW 22ND AVE, #1</del>		STREET ADDRESS	<b>MIAMI, FL 33176.</b>	
CITY-ST-ZIP	<del>MIAMI, FL 331956926</del>		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: <i>X Siro del Castillo.</i>				DATE <i>06/26/08.</i> (305) 267-1024	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

ATTACHMENT

40109266

**June 26, 2008**

Department of State  
Division of Corporation.  
P.O. BOX 6327  
Tallahassee, Fl. 32314

**SUBJECT: 2008 ANNUAL REPORT**

**Document # N40539**

I would like to inform the Department of Corporation that we have not received in time the **ANNUAL REPORT NOTICE** to update our corporation for the years 2008. Our address is 85 GRAND CANAL DRIVE. # 106 Miami, Fl. 33144.

We are requesting any waiver of penalties or interests and your understanding. Our Accountant questions us about it and advice to explain as soon as possible the missing documents 2008 Annual Report.

We need your support and understanding. Thanks

Sincerely;

A handwritten signature in black ink that reads "Lipo del Castillo". The signature is written in a cursive style and is positioned to the right of the word "Sincerely;".

**SECRETARY**