


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N92000000756
 1. Entity Name
 CUBAN BANKING STUDY GROUP, INC.



Principal Place of Business
 615 HARBOR CIRCLE
 KEY BISCAWAYNE, FL 33149

Mailing Address
 615 HARBOR CIRCLE
 KEY BISCAWAYNE, 33149



01052006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 65-0378834	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, CARLOS J CPA
 615 HARBOR CIRCLE
 KEY BISCAWAYNE, FL 33149

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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, 2006

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 CARLOS, FERNANDEZ J CPA 615 HARBOR CIRCLE KEY BISCAWAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSTILLO, OSCAR 615 HARBOR CIRCLE KEY BISCAWAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P CAPABLANCA, FERNANDO A 615 HARBOR CIRCLE KEY BISCAWAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/P GARRIGO, JOSE R 615 HARBOR CIRCLE KEY BISCAWAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRILLO-SALAZAR, JORGE 615 HARBOR CIRCLE KEY BISCAWAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES-FAULI, GONZALO R 615 HARBOR CIRCLE KEY BISCAWAYNE, FL 33149

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 01/25/06-80025-014 61.25

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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: CARLOS J. FERNANDEZ Date: 1-14-06 Daytime Phone #: 305-318-2870