

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 26, 2006
Secretary of State

DOCUMENT# N92000000756

Entity Name: CUBAN BANKING STUDY GROUP, INC.**Current Principal Place of Business:**615 HARBOR CIRCLE
KEY BISCAYNE, FL 33149**New Principal Place of Business:****Current Mailing Address:**615 HARBOR CIRCLE
KEY BISCAYNE, FL 33149**New Mailing Address:**615 HARBOR CIRCLE
KEY BISCAYNE, FL 33149**FEI Number:** 65-0378834**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FERNANDEZ, CARLOS J CPA
615 HARBOR CIRCLE
KEY BISCAYNE, FL 33149 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARLOS, FERNANDEZ J CPA
Address: 615 HARBOR CIRCLE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: BUSTILLO, OSCAR
Address: 615 HARBOR CIRCLE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D/P () Delete
Name: CAPABLANCA, FERNANDO A
Address: 615 HARBOR CIRCLE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DVP (X) Delete
Name: GARRIGO, JOSE R
Address: 615 HARBOR CIRCLE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Delete
Name: CARRILLO-SALAZAR, JO, RGE
Address: 615 HARBOR CIRCLE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Delete
Name: VALDES-FAULI, GONZALO R
Address: 615 HARBOR CIRCLE
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/T (X) Change () Addition
Name: CARLOS, FERNANDEZ J CPA
Address: 615 HARBOR CIRCLE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D/S (X) Change () Addition
Name: HARPER, GEORGE R
Address: 615 HARBOR CIRCLE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO A. CAPABLANCA

D/P

09/26/2006

Electronic Signature of Signing Officer or Director

Date