

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2006
Secretary of State**

DOCUMENT# N93000005088

Entity Name: FRENTE DE LIBERACION CUBANO INC.

Current Principal Place of Business:

801 SW 74TH COURT
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

801 SW 74TH COURT
MIAMI, FL 33144

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAVEZ, WILLIAM SR.
801 SW 74TH COURT
MIAMI, FL 33144 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: PD () Delete
Name: CHAVEZ, WILLIAM SR.
Address: 801 SW 74TH COURT
City-St-Zip: MIAMI, FL 33144

Title: SD () Delete
Name: RODRIGUEZ, NANCY
Address: 2600 SW 17 ST.
City-St-Zip: MIAMI, FL 33145

Title: VPD () Delete
Name: DIAZ, MAGALI
Address: 801 SW 74TH COURT
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM CHAVEZ, SR.

PD

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date