

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 08, 2009
Secretary of State**

DOCUMENT# N97000004232

Entity Name: CUBAN AMERICAN INSTITUTE CORP

Current Principal Place of Business:

1951 SW 62 AVE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

1951 SW 62 AVE
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0769684 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TUDELA, MIGUEL A
1951 SW 62 AVE
MIAMI, FL 33155 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: TUDELA, MIGUEL ANGEL
Address: 1951 SW 62 AVE
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: SALAS, MIGUEL
Address: 1951 SW 62 AVE
City-St-Zip: MIAMI, FL 33155

Title: SD () Delete
Name: BARBA, RAFAEL
Address: 5931 SW 88TH ST
City-St-Zip: MIAMI, FL 33156

Title: TD () Delete
Name: GUERRA, PEDRO L
Address: 7860 SW 22 ST.
City-St-Zip: MIAMI, FL 33155

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: MATUDELA

PD

05/08/2009

Electronic Signature of Signing Officer or Director

_____ Date