



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90172 041 ****70.00

DOCUMENT # N99000000094					
1. Entity Name CUBAN INSTITUTE FOR NON-VIOLENCE, INC.					
Principal Place of Business 4545 NW 7TH ST 14 MIAMI, FL 33126		Mailing Address 8150 S.W. 8TH STREET, SUITE 217 MIAMI, FL 33175			
2. Principal Place of Business 4545 NW 7th St. Suite, Apt. #, etc. # 14		3. Mailing Address 4545 NW 7th St Suite, Apt. #, etc. # 14			
City & State MIAMI, FL		City & State MIAMI FL			
Zip 33126		Country USA		4. FEI Number 65-0915153	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent SANCHEZ, RAMON S 8150 S.W. 8TH ST., STE. 217 MIAMI, FL 33144			7. Name and Address of New Registered Agent Name: RAMON SAUL SANCHEZ Street Address (P.O. Box Number is Not Acceptable) 4545 NW 7th Street # 14 City: MIAMI FL Zip Code: 33126		
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>Ramon Saul Sanchez</i>		(NOTE: Registered Agent signature required when reinstating)		DATE: 4/13/2004	
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANCHEZ, RAMON S		NAME		
STREET ADDRESS	4545 NW 7TH ST 14		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEL VALLE, NORMAN		NAME		
STREET ADDRESS	4545 NW 7TH ST 14		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VELASCO, MILAGROS		NAME		
STREET ADDRESS	4545 NW 7TH ST 16		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Addition
NAME	PEREZ, MERCEDES		NAME	Mercy Garcia	
STREET ADDRESS	4545 NW 7TH ST 14		STREET ADDRESS	4545 NW 7th St #14	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME	SUAREZ, EMILIANO		NAME		<input type="checkbox"/> Addition
STREET ADDRESS	4545 NW 7TH ST 14		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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 employees.					
SIGNATURE: <i>Ramon Saul Sanchez</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/13/04 Daytime Phone #: 305-785-0669	