


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000000094

1. Entity Name
CUBAN INSTITUTE FOR NON-VIOLENCE, INC.



Principal Place of Business Mailing Address

4545 NW 7TH ST., #14 4545 NW 7TH ST., #14
MIAMI, FL 33126 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE



05062006 No Chg-NP CR2E037 (4/06)

4. FEI Number: **65-0915153** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SANCHEZ, RAMON S
4545 NW 7TH ST., #14
MIAMI, FL 33126

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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 September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANCHEZ, RAMON S
STREET ADDRESS	4545 NW 7TH ST 14
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VD
NAME	DEL VALLE, NORMAN
STREET ADDRESS	4545 NW 7TH ST 14
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	SD
NAME	VELASCO, MILAGROS
STREET ADDRESS	4545 NW 7TH ST 16
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	TD
NAME	GARCIA, MERCY
STREET ADDRESS	4545 NW 7TH ST., #14
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	SUAREZ, EMILIANO
STREET ADDRESS	4545 NW 7TH ST 14
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/06 00001-007 70.00

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: *Ramon Sanchez* **5/16/06** **305-785-0669**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #