

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000094

FILED  
Aug 09, 2007  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0915153      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:**

SANCHEZ, RAMON S  
4545 NW 7TH ST., #14  
MIAMI, FL 33126 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: SANCHEZ, RAMON S  
Address: 4545 NW 7TH ST 14  
City-St-Zip: MIAMI, FL 33126

Title: VD ( ) Delete  
Name: DEL VALLE, NORMAN  
Address: 4545 NW 7TH ST 14  
City-St-Zip: MIAMI, FL 33126

Title: SD ( ) Delete  
Name: VELASCO, MILAGROS  
Address: 4545 NW 7TH ST 16  
City-St-Zip: MIAMI, FL 33126

Title: TD ( ) Delete  
Name: GARCIA, MERCY  
Address: 4545 NW 7TH ST., #14  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: SUAREZ, EMILIANO  
Address: 4545 NW 7TH ST 14  
City-St-Zip: MIAMI, FL 33126

**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:

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: RAMON S SANCHEZ

PD

08/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date