

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90033 038 \*\*\*\*74.25



**DOCUMENT # N99000002464**  
 1. Entity Name  
**CUBAN GOVERNMENT IN EXILE, INC.**

Principal Place of Business      Mailing Address  
**2413 BAYSHORE BLVD**      **2413 BAYSHORE BLVD**  
**706**      **706**  
**TAMPA FL 33629**      **TAMPA FL 33629**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State

4. FEI Number      Applied For  
**NO-T APPLICABLE**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
~~SMITH, H. STRATTON JLESC  
 2413 BAYSHORE BLVD  
 706  
 TAMPA FL 33629~~

7. Name and Address of New Registered Agent  
 Name **Jose A. Mijares, M.D**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2413 Bayshore Blvd Apt. 706**  
 City **Tampa**      **FL**      Zip Code **33629**

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 *Jose G. Mijares MD*      **Jose A. Mijares, M.D.**      **March 10, 2006**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$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	D	<input type="checkbox"/> Delete
NAME	MIJARES, JOSE A MD	
STREET ADDRESS	2413 BAYSHORE BLVD., APT. 706	
CITY-ST-ZIP	TAMPA FL 33629-7334	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ORLANDO	
STREET ADDRESS	13902 DENELL LANE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, OSBERTO MD	
STREET ADDRESS	5607 MAGALLON DR.	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMPTON, WARREN	
STREET ADDRESS	520 ROYAL GREEN DRIVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jose G. Mijares MD*      **JOSE A. MIJARES MD**      **March 10, 06**      **(813) 254-5917**