

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N92000000756

1. Entity Name  
CUBAN BANKING STUDY GROUP, INC.



Principal Place of Business  
615 HARBOR CIRCLE  
KEY BISCAYNE, FL 33149

Mailing Address  
615 HARBOR CIRCLE  
KEY BISCAYNE, 33149



01052006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0378834

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FERNANDEZ, CARLOS J CPA  
615 HARBOR CIRCLE  
KEY BISCAYNE, FL 33149

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME CARLOS, FERNANDEZ J CPA  
STREET ADDRESS 615 HARBOR CIRCLE  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE D  
NAME BUSTILLO, OSCAR  
STREET ADDRESS 615 HARBOR CIRCLE  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE D/P  
NAME CAPABLANCA, FERNANDO A  
STREET ADDRESS 615 HARBOR CIRCLE  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE D/VP  
NAME GARRIGO, JOSE R  
STREET ADDRESS 615 HARBOR CIRCLE  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE D  
NAME CARRILLO-SALAZAR, JORGE  
STREET ADDRESS 615 HARBOR CIRCLE  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE D  
NAME VALDES-FAULI, GONZALO R  
STREET ADDRESS 615 HARBOR CIRCLE  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

000000393548  
01/25/06-80025-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS J. FERNANDEZ

Date

Daytime Phone #

1-14-06 305-318-2870