


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000003633 1. Entity Name FOUNDATION OF THE CUBAN ASSOCIATION OF THE S.M.O. OF MALTA, INC.	
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Principal Place of Business 2950 S.W. 27 AVENUE, #300 MIAMI, FL 33133 US	Mailing Address 2950 S.W. 27 AVENUE, #300 MIAMI, FL 33133 US
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04062006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 65-0429382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'NAGHTEN, JUAN T 2950 S.W. 27 AVENUE, #300 MIAMI, FL 33133
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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 reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA-CHACON, FERNANDO T 2950 S.W. 27 AVENUE, #300 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'NAGHTEN, JUAN T 2950 S.W. 27 AVENUE, #300 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'NAGHTEN, LUIS M 2950 S.W. 27 AVENUE, #300 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ-PENICHER, JOSE A 2950 S.W. 27 AVENUE, #300 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CENTURION, JOSE J 2950 S.W. 27 AVENUE, #300 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000505455 04/25/06-80118-014 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: 	4-6-06 (786) 888-6496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #