

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90199 044 ****61.25

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01102007 Chg-NP CR2E037 (12/06)

DOCUMENT # 753395 1. Entity Name CUBAN AMERICAN CERTIFIED PUBLIC ACCOUNTANTS ASSOCIATION, INC.					
Principal Place of Business 8550 W. FLAGLER ST SUITE 105 MIAMI, FL 33144 US			Mailing Address PO BOX 442061 MIAMI, FL 33144 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2034297	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GARCIA-LINARES, MANUEL A RICHMAN, GREER, WEIL, BRUMBAUGH ET. AL. MIAMI CENTER, 201 S. BISCAYNE BLVD., 10 FL. MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P TUNDIDOR, HECTOR 8550 W. FLAGLER ST, #105 MIAMI, FL 33144	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOMEZ, JOSE 8550 W. FLAGLER ST, #105 MIAMI, FL 33144	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GERRY, POMBO 8550 W. FLAGLER ST MIAMI, FL 33144	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sproul, Rebecca Priegues 8550 W. Flagler Street Miami, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALFONSO, ADRIAN 8550 W. FLAGLER ST, #105 MIAMI, FL 33144	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, MICHAEL R 8550 W FLAGLER STREET, #105 MIAMI, FL 33144	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Garcia, Alan 8550 W. Flagler Street Miami, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALGUEIRO, JORGE 8550 W FLAGLER STREET, #105 MIAMI, FL 33144	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 authority like empowered.					
SIGNATURE: Adrian Alfonso					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 1/10/07 Daytime Phone # (305) 67-0150					