

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000003633

1. Entity Name
FOUNDATION OF THE CUBAN ASSOCIATION OF THE
S.M.O. OF MALTA, INC.



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



01232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0429382

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARCIA-CHACON, FERNANDO T
STREET ADDRESS 2950 S.W. 27 AVENUE, #300
CITY-ST-ZIP MIAMI, FL 33133

TITLE VD
NAME O'NAGHTEN, JUAN T
STREET ADDRESS 2950 S.W. 27 AVENUE, #300
CITY-ST-ZIP MIAMI, FL 33133

TITLE SD
NAME O'NAGHTEN, LUIS M
STREET ADDRESS 2950 S.W. 27 AVENUE, #300
CITY-ST-ZIP MIAMI, FL 33133

TITLE TD
NAME FERNANDEZ-PENICHET, JOSE A
STREET ADDRESS 2950 S.W. 27 AVENUE, #300
CITY-ST-ZIP MIAMI, FL 33133

TITLE D
NAME CENTURION, JOSE J
STREET ADDRESS 2950 S.W. 27 AVENUE, #300
CITY-ST-ZIP MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000712626
04/26/07-80055-025 61.25

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-07 (3or) 385-0800