

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 A
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, FL 33149**



01262008 No Chg-NP

CR2E037 (4/06)

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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 reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D/T
NAME	CARLOS, FERNANDEZ J CPA
STREET ADDRESS	615 HARBOR CIRCLE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D/S
NAME	HARPER, GEORGE R
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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

Daytime Phone #

Carlos J Fernandez

1-26-08

305-318-2870