

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000056048**

1. Entity Name

THE COALITION FOR CUBAN CONSTITUTIONAL  
LEGITIMACY 1940, INC. (C. 1940 ART. 149)



Principal Place of Business

5200 S.W. 8TH STREET  
STE. #A  
CORAL GABLES, FL 33134

Mailing Address

5200 S.W. 8TH STREET  
STE. #A  
CORAL GABLES, FL 33134



04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0845305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, JOSE R  
5200 S.W. 8TH STREET  
STE. #A  
CORAL GABLES, FL 33134

**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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000918055  
05/13/08-80066-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BENEDI, CLAUDIO F DR.
STREET ADDRESS	3304 CHICAMUXEN CT.
CITY-ST-ZIP	FALLS CHURCH, VA 22041
TITLE	SD
NAME	RICARDO, RUBEN
STREET ADDRESS	5161 COLLINS AE. APT 1701
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	GARCIA, LUIS I
STREET ADDRESS	9472 SW 154 PL.
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D
NAME	CARRILLO, FRANCISCO
STREET ADDRESS	3020 N.W. FLAGLER TERRACE
CITY-ST-ZIP	MIAMI, FL 33125
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 607, 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 #