

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753395

**Entity Name:** CUBAN AMERICAN CERTIFIED PUBLIC ACCOUNTANTS ASSOCIATION, INC.**FILED**  
**Jan 25, 2014**  
**Secretary of State**  
**CC8239304068****Current Principal Place of Business:**8550 W. FLAGLER ST  
SUITE 105  
MIAMI, FL 33144**Current Mailing Address:**PO BOX 442061  
MIAMI, FL 33144 US**FEI Number: 59-2034297****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CABALLERO, NESTOR  
ALBERNI, CABALLERO & COMPANY, LLP  
4649 PONCE DE LEON BOULEVARD SUITE 404  
CORAL GABLES, FL 33146 US*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.***SIGNATURE: NESTOR CABALLERO****01/25/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** TREASURER  
**Name** GONZALEZ, LEANDRO  
**Address** PO BOX 442061  
**City-State-Zip:** MIAMI FL 33144**Title** SECRETARY  
**Name** CASTRO, YESLIE  
**Address** PO BOX 442061  
**City-State-Zip:** MIAMI FL 33144**Title** VP  
**Name** FIERMAN, ANDREW  
**Address** PO BOX 442061  
**City-State-Zip:** MIAMI FL 33144**Title** ASST. TREASURER  
**Name** HERNANDEZ, DAVID  
**Address** PO BOX 442061  
**City-State-Zip:** MIAMI FL 33144**Title** PRESIDENT  
**Name** CABALLERO, NESTOR  
**Address** 4649 PONCE DE LEON BOULEVARD  
SUITE 404  
**City-State-Zip:** CORAL GABLES FL 33146**Title** PRESIDENT ELECT  
**Name** MARTIN, BEATRIZ  
**Address** PO BOX 442061  
**City-State-Zip:** MIAMI FL 33144**Title** ASSISTANT SECRETARY  
**Name** MADARIAGA, JOHN-PAUL  
**Address** PO BOX 442061  
**City-State-Zip:** MIAMI FL 33144**Title** DIRECTOR  
**Name** ARDIZON, JEFFREY  
**Address** PO BOX 442061  
**City-State-Zip:** MIAMI FL 33144**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LEANDRO GONZALEZ****TREASURER****01/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LLERENA, ENRIQUE  
Address PO BOX 442061  
City-State-Zip: MIAMI FL 33144

Title EX OFFICIO  
Name ALVAREZ, MARCOS  
Address PO BOX 442061  
City-State-Zip: MIAMI FL 33144

Title DIRECTOR  
Name BRAVO, CARLOS  
Address PO BOX 442061  
City-State-Zip: MIAMI FL 33144