


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90080 038 \*\*\*\*61.25

<b>DOCUMENT # 702057</b> 1. Entity Name <b>CONFEDERACION DE TRABAJADORES DE CUBA          DELEGACION DE MIAMI, (CDTCDM), INC.</b>					
Principal Place of Business <b>1700 DELAWARE PKWY          33          MIAMI, FL 33125</b>			Mailing Address <b>1700 DELAWARE PKWY          33          MIAMI, FL 33125</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ALONSO, JOSE M          1700 DELAWARE PKWY - APT. 33          MIAMI, FL 33125</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25          Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to          Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE <b>T</b>		NAME <b>ALONSO, JOSE M</b>		<input type="checkbox"/> Delete	
STREET ADDRESS <b>1700 DELAWARE PKWY - APT. 33</b>		CITY-ST-ZIP <b>MIAMI, FL 33125</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>GS</b>		NAME <b>POMAR, FACUNDO</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1577 SW 21 STREET</b>		CITY-ST-ZIP <b>MIAMI, FL 33145</b>		TITLE <b>S</b>	
NAME <b>LOPEZ, OVIDIO</b>		STREET ADDRESS <b>8595 SUNRISE LAKES BLVD - APT. 212</b>		CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33322</b>	
TITLE <b>S</b>		NAME <b>ARIAS, ROSA F</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>4717 NW 7 STREET BLDG. 10 - APT. 104</b>		CITY-ST-ZIP <b>MIAMI, FL 33126</b>		TITLE <b>S</b>	
NAME <b>YODRA, CARLOS</b>		STREET ADDRESS <b>3000 SW 77 COURT</b>		CITY-ST-ZIP <b>MIAMI, FL 33155</b>	
TITLE <b>GS</b>		NAME <b>MARTIN, NICOLAS R</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>902 SE 102 PLACE</b>		CITY-ST-ZIP <b>MIAMI, FL 33174</b>		TITLE <b>GS</b>	
NAME <b>NICOLAS R MARTIN</b>		STREET ADDRESS <b>305-633-1913</b>		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: <i>Nicolas R Martin</i></b>				<b>305-633-1913</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	