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

## **DOCUMENT #702057**

1 Entity Name



Mar 05, 2007 8:00 am Secretary of State

**FILED** 

03-05-2007 90037 020 \*\*\*\*61.25

CONFEDERACION DE TRABAJADORES DE CUBA DELEGACION DE MIAMI, (CDTCDM), INC.												
			1700	iling Address OD DELAWARE PKWY					~~101			
				II, FL 33125				1884   1881	~¥ 			
Principal Place of Business - No P.O. Box #     3.			3. Mailir	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02252007	Chg-NP	CR2E0	37 (12/06)		
City & State			City & State					4. FEI Number NOT API	PLICABLE			oplied For ot Applicable
Zip	Country Z		Zip	`		intry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered	Agent		ļ		7. Name and	Address of Nev	v Registered	Agent	
ALONSO, JOSE M 1700 DELAWARE PKWY - APT. 33					Name Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL 33125								· · · · · · · · · · · · · · · · · · ·		<u></u> .		<u></u>
	,					City				FI	Zip Coo	le
	named entity ions of regist	y submits this statement to tered agent.	or the purpo	se of changing its	registere	ed office or re	egistere	ed agent, or both	n, in the State of	Florida. I arr	familiar with,	and accept
SIGNATURE .		t or printed name of registered agent	t and title if appli	cable (NOTE	: Registere	nd Agegi signature	e required	when reinstating)		DATE		<del></del>
		_		_		_				_		!
	_	es is \$61:25 ~ Aay 1, 2007		9. Election Cam Trust Fund C				\$5.00 May Be Added to Fees	F		k payable t	
10.	_		RECTORS				_ <u></u>		F	lorida Depa	rtment of S	tate
10.	Due by N	OFFICERS AND DI	RECTORS		ontribut	ion. [	_ <u></u>	Added to Fees	F	lorida Depa	rtment of S	tate
TITLE NAME	T ALONSO,	OFFICERS AND DI	- 45	Trust Fund C	11.	ion.	_ <u></u>	Added to Fees	F	lorida Depa	rtment of S	tate
TITLE NAME STREET ADDRESS	T ALONSO, 1700 DEL	OFFICERS AND DI , JOSE M , AWARE PKWY - APT.	- 45	Trust Fund C	11, TITU NAM	E EET ADDRESS	_ <u></u>	Added to Fees	F	lorida Depa	rtment of S	tate
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	T ALONSO, 1700 DEL MIAMI, FL	OFFICERS AND DI , JOSE M , AWARE PKWY - APT.	- 45	Trust Fund C	11. TITU NAM STRE	EET ADDRESS	A	Added to Fees	F	lorida Depa	rtment of S IRECTORS IN Change	tate  1 10  Addition
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I hereby certify that the information supplied with this Illing 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 sinal 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.

Joe m SIGNATURE: Jose M. Alonso STOR M U

*3-1-0*7 305-633-1913

Date

Daytime Phone #