


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 704687
 1. Entity Name
THE NATIONAL JOURNALISTS' ASSOCIATION OF CUBA IN EXILE, INC.



Principal Place of Business Mailing Address
 900 S.W. 1ST STREET 900 S.W. 1ST STREET
 2ND FLOOR 200 2ND FLOOR
 MIAMI, FL 33130 MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE



07012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1753963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FELIPE, LUIS MARSANS
3085 NW 4TH STREET
MIAMI, FL 33135

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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  **DECANO (PRESIDENT)** DATE **July 11/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

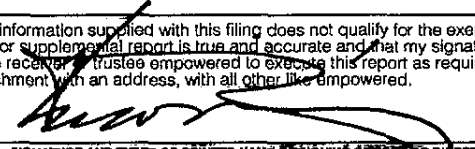
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MARSANS, LUIS FELIPE 3085 NW 4TH STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARSANS, LOU 3085 NW 4 STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GARCIABERRY, ABELARDO 621 SE 5TA CT HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 07/13/05-80008-008 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(G), 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, 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:  DATE **July 11/05** (305) 633-3241 x29
Signature and typed or printed name of signing officer or director. Daytime Phone #