


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

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



Principal Place of Business 900 S.W. 1ST STREET 2ND FLOOR 200 MIAMI, FL 33130	Mailing Address 900 S.W. 1ST STREET 2ND FLOOR MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE



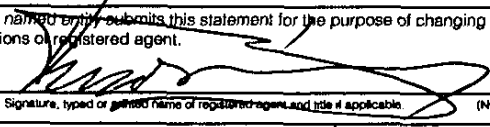
03102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1753963	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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:  DATE: March 15/2007

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 May 1, 2007

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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 03/29/07-80020-015 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions described 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 and name 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 119, 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 empowers.

SIGNATURE:  DATE: March 15/2007 (302)643-1247

Signature and typed or printed name of signing officer or director

