


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 706439 1. Entity Name NATIONAL ASSOCIATION OF CUBAN LAWYERS, INC.	
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Principal Place of Business 3383 N.W. 7TH STREET SUITE 205 MIAMI, FL 33125	Mailing Address P.O. BOX 45-0116 SHENANDOAH STATION MIAMI, FL 33245-0116
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0157270	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 RODRIGUEZ CEPERO, LUIS 1910 SW 32ND PL MIAMI, FL 33145
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ CEPERO, LUIS 1910 S.W. 32ND PLACE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIEZ, CONCEPCION Q 2991 HIDDEN HOLLOW LANE DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ REQUEIJO, HORTENSIA J 3844 SW 107TH AVE MIAMI, FL 33165
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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01/29/08-80010-002 61.25

12. I hereby certify that the information supplied with this filing 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 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.

SIGNATURE:  **1/18/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #