

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711633

FILED
Apr 30, 2009
Secretary of State

Entity Name: UNION OF CUBANS IN EXILE, INCORPORATED.

Current Principal Place of Business:

340 SEVILLA AVE.
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

340 SEVILLA AVE.
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-6231760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINEIRO, ROBERTO
340 SEVILLA AVE.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PINEIRO, ROBERTO
Address: 2333 BRICKELL AVE
City-St-Zip: MIAMI, FL 33129

Title: TD () Delete
Name: COSIO, FERNANDO A
Address: 635 CATALONIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: HERNANDEZ, ROBERTO
Address: 8010 SW 137 CT
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO A COSIO

TREA

04/30/2009

Electronic Signature of Signing Officer or Director

Date