

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715390

FILED
Feb 09, 2005
Secretary of State

Entity Name: CUBAN WOMEN'S CLUB, INC.

Current Principal Place of Business:

1770 WEST FLAGLER ST.
SUITE 3
MIAMI, FL 33135 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 140133
CORAL GABLES, FL 33114 US

New Mailing Address:

FEI Number: 59-1236064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, AMANDA
1770 W. FLAGLER ST.
#3
MIAMI, FL 33135 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: MACNAMARA, CARIDAD
Address: 66 VALENCIA #202
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD () Delete
Name: POU, GLORIA
Address: 5330 NW 114 AVE #208
City-St-Zip: MIAMI, FL 33178

Title: T () Delete
Name: HUERTAS, NORKI
Address: 6780 SW 26 TERRACE
City-St-Zip: MIAMI, FL 33155

Title: CS () Delete
Name: GARCIA, BERTHA DDS
Address: 5033 NW 7 STREET #608
City-St-Zip: MIAMI, FL 33126

Title: VT () Delete
Name: LOPEZ DE MENDOZA, MARCIA
Address: 105 SW 127TH AVENUE
City-St-Zip: MIAMI, FL 33184

Title: S () Delete
Name: SUAREZ, AMANDA
Address: 11938 SW 72 TERRACE
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: BARNARD, ELA
Address: 8720 SW 103RD AVE
City-St-Zip: MIAMI, FL 33173

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

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

Title: VT (X) Change () Addition
Name: BUDIHAS, IDALIA
Address: 409 GERONA AVE
City-St-Zip: CORAL GABLES, FL 33146

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NORKI HUERTAS

T

02/09/2005

Electronic Signature of Signing Officer or Director

Date