


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 715390 1. Entity Name CUBAN WOMEN'S CLUB, INC.	
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Principal Place of Business 1770 WEST FLAGLER ST. SUITE 3 MIAMI, FL 33135 US	Mailing Address PO BOX 140133 CORAL GABLES, FL 33114 US
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01222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1236064	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 SUAREZ, AMANDA 1770 W. FLAGLER ST. #3 MIAMI, FL 33135

**DO NOT WRITE
IN THIS SPACE**

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 re-filing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	PD MACNAMARA, CARIDAD 66 VALENCIA #202 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARNARD, ELA 8720 SW 103RD AVE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUERTAS, NORKI 6780 SW 26 TERRACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS GARCIA, BERTHA DDS 5033 NW 7 STREET #608 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BUDIHAS, IDALIA 409 GERONA AVE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUAREZ, AMANDA 11938 SW 72 TERRACE MIAMI, FL 33183

U00000404068
02/06/06-80031-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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:   1/22/06 (304) 5965255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #