2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715390

FILED Mar 12, 2009 Secretary of State

Entity Name: CUBAN WOMEN'S CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

12982 SW 27TH STREET 5601 COLLINS AVE.

MIAMI, FL 33175 US M-8

MIAMI BEACH, FL 33140 US

Current Mailing Address: New Mailing Address:

P. O. BOX 140133

CORAL GABLES, FL 33114 US

FEI Number: 59-1236064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARQUEZ, MARIA
12982 SW 27TH STREET
MIAMI, FL 33175 US
LEAL, ENA M
5601 COLLINS AVE
M-8

MIAMI BEACH, FL 33140 US

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: ENA M LEAL 03/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change() Addition

 Name:
 MARQUEZ, MARIA
 Name:
 LEAL, ENA M

 Address:
 12982 SW 27TH STREET
 Address:
 5601 COLLINS AVE

 City-St-Zip:
 MIAMI, FL 33175 US
 City-St-Zip:
 MIAMI BEACH, FL 33140 US

Title: VP () Delete Title: () Change () Addition

Name: TUÑON, WILMA Name:

Address: 9725 NW 52ND STREET, UNIT 207 Address:

Address: 9/25 NW 52ND STREET, UNIT 20/ Address:
City-St-Zip: DORAL, FL 33178 US City-St-Zip:

 Name:
 PERMUY, CARMEN
 Name:
 LEEDER, ELLEN

 Address:
 9686 FONTAINEBLEAU BLVD. APT. 708
 Address:
 830 SW 101ST AVE

 City-St-Zip:
 MIAMI, FL 33172
 City-St-Zip:
 MIAMI, FL 33174

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: ENA M LEAL P 03/12/2009