


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 718678</b>	
1. Entity Name CUBAN MEDICAL ASSOCIATION CONGRESS, INC.	

Principal Place of Business 814 PONCE DE LEON BLVD STE 307 CORAL GABLES, FL 33134 US	Mailing Address P O BOX 141016 P O BOX 141016 CORAL GABLES, FL 33114-1016 US
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DO NOT WRITE IN THIS SPACE



02102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2263309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUERTAS, ENRIQUE  
814 PONCE DE LEON BLVD  
STE 307  
CORAL GABLES, FL 33134

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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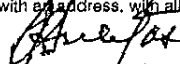
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUERTAS, ENRIQUE 3121 NW 4 STREET MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONSECA, DENIO O 5409 RIVIERA DR CORAL GABLES, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAEZ, RAMON 1811 COLUMBUS AVE. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FEAL MARCELINO E 410 SW 27TH RD MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/21/05-80096-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**  **04-14-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (305) 445-1429 Daytime Phone #