

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 718678

1. Entity Name
CUBAN MEDICAL ASSOCIATION CONGRESS, INC.



Principal Place of Business
**717 PONCE DE LEON
STE 217
CORAL GABLES, FL 33134 US**

Mailing Address
**P O BOX 141016
P O BOX 141016
CORAL GABLES, FL 33114-1016 US**



02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2263309

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HUERTAS, ENRIQUE
717 PONCE DE LEON BLVD
STE 217
CORAL GABLES, FL 33134**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000720584
05/01/07-80112-004 61.25**

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

**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: Enrique Huertas **04/13/07 305-446-9922**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #