


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90063 037 ****61.25

DOCUMENT # 731723	
1. Entity Name ASOCIACION DE CUBANOS MASONES NUEVOS HORIZONTES DE HIALEAH, INC.	

Principal Place of Business 600 WEST 29TH STREET HIALEAH FL 33012-5604	Mailing Address 600 WEST 29TH ST HIALEAH FL 33012
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1830983	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent PEREZ, GUSTAVO 8228 SW 36 ST MIAMI FL 33155

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD NAME PADRON, ESTERBAN STREET ADDRESS 4319 W 9 COURT CITY-ST-ZIP HIALEAH FL 33013	<input type="checkbox"/> Delete
TITLE TD NAME PEREZ, GUSTAVO STREET ADDRESS 8228 SW 36TH ST CITY-ST-ZIP MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE SD NAME ULISES, ALVAREA STREET ADDRESS 600 WEST 29TH ST CITY-ST-ZIP HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE VD NAME PADRON, ESTEBAN STREET ADDRESS 43 W P CT. CITY-ST-ZIP HIALEAH FL 33012	<input checked="" type="checkbox"/> Delete
TITLE VD NAME CUETO, ROBERTO STREET ADDRESS 8871 NW 114 ST CITY-ST-ZIP HIALEAH GARDENS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME PADRON ESTEBAN STREET ADDRESS 4319 W 9 COURT CITY-ST-ZIP HIALEAH-FLA 33013	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME PEREZ GUSTAVO STREET ADDRESS 8228 SW 36ST CITY-ST-ZIP MIAMI FLA 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME ALVAREZ ULISES STREET ADDRESS 600 W 29 ST CITY-ST-ZIP HIALEAH FLA 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **2-10-06 786-586-9448**