

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731723

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** ASOCIACION DE CUBANOS MASONES NUEVOS HORIZONTES DE HIALEAH, INC.

**Current Principal Place of Business:**

600 WEST 29TH STREET  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

600 WEST 29TH ST  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 59-1830983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, GUSTAVO J  
8228 SW 36 ST  
MIAMI, FL 33155 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARINO, JOSE A  
Address: 4561 W 8 PLACE  
City-St-Zip: HIALEAH, FL 33012

Title: TD ( ) Delete  
Name: PEREZ, GUSTAVO J  
Address: 8228 SW 36TH ST  
City-St-Zip: MIAMI, FL 33155

Title: SD ( ) Delete  
Name: CUETO, ROBERTO  
Address: 8871 NW 114TH STREET  
City-St-Zip: HIALEAH GARDENS, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PEREZ, JOSE  
Address: 931 ORIOLE AVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GUSTAVO PEREZ

TD

01/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date