2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

·FILED Feb 07, 2005 08:00 AM Secretary of State **DOCUMENT # 732234** 1. Entity Name CIRCULO NAVAL CUBANO, INC. Principal Place of Business Mailing Address 451212 SHENANDOAH STA 451212 SHENANDOAH STA MIAMI FL 33245-8212 MIAMI FL 33245-8212 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 65-0064565 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DRIGGS, GUILLERMO Street Address (P.O. Box Number is Not Acceptable) 2975 S.W. 18TH STREET **MIAMI FL 33145** 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, typed or printed name of registered agent and title if applicable (NOTE Regulared Agent signature required when re-instaling) DÁTE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete ☐ Change ☐ Addition LLANERAS, ROBERTO NAME NAME 7910 N W 173RD ST STREET ADDRESS STREET ADDRESS MIAMI FL 33016 CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE Change ☐ Addition (100000219150 02/08/05-80015-023 61.25 PINO, LUIS NAME 7741 S.W. 21ST ST. STREET ADDRESS STREE: ADDRESS MIAMI FL 33155 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition SANCHEZ, ROBERTO MAME NAME 3881 N.W. 1ST ST. GIREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CHTY-ST-ZIP Delete THE ☐ Change ☐ Addition MARTINEZ, CARLOS NAME NAME 12471 SW 23RD TERR STREET ADORESS STREET ADORESS MIAMI FL 33175 CITY-ST-ZIP CHY-SI-JP DILE ____.Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP MLE Delete HILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHTY ST-ZIP

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 1 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. TOBER 10 SANCHEZ
OF SIGNING OFFICER OR DIRECTOR