2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #732234

CITY-ST-ZIP TITLE

STREET ADORESS



FILED Jan 28, 2008 8:00 am

Secretary of State

01-28-2008 90039 003 ****61.25

☐ Change

☐ Addition

CIRCULO NAVAL CUBANO, INC. QUULLA. 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 Cha-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Number 65-0064565 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NO. LU15 DRIGGS, CUILLERMO Street Address (P.O. Box Number is Not Acceptable) 2975 S.W. 18TH STREET MIAMI, FL 33145 Zip Code 33/5る City 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 SIGNATURE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to α : Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change PD TITLE Delete TITLE DIAZ, RENATO NAME NAME STREET ADDRESS 3134 S.W. 64 AVE STREET ADDRESS 34288 MIAMI, FL 33155 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE ALBERTY, ALBERTO NAME NAME 8540 S.W. 33RD TER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP ☐ Delete Addition TITLE Change TITLE SANCHEZ, ROBERTO V NAME 3881 NW 1ST ST STREET ADORESS STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP CITY-ST-ZIP 15XQelete TITLE Addition MARTINEZ, CARLOS NAME NAME Nia. 12471 SW 23RD TERR STREET ADDRESS STREET ADDRESS MIAMI, FL 33175 CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP

12. Thereby 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.

TITLE

NAME

STREET ADORESS CITY-ST-ZIP

☐ Delete