

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 739070	
1. Entity Name RADIO CLUB OF CUBA-EXILE, INC. (RADIO CLUB DE CUBA-EXILIO, INC.)	
Principal Place of Business 5440 SW 93RD AVE. PO BOX 655127 MIAMI, FL 33265-2405 US	Mailing Address 5440 SW 93RD AVE. PO BOX 655127 MIAMI, FL 33265-2405 US



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1772574	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RIBAS, MARIO E. 5440 SW 93 AVE. MIAMI, FL 33165	
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**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELLANDO, LUIS F. 5865 SW 128 CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOLA, MIGUEL E 9883 SW 1ST TERR MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIBAS, MARIO E 5440 SW 93 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIBAS, MARIO E 5440 SW 93 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIBAS, MARIO E 5440 SW 93 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/17/05-80018-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/05

Date

305-270-1511

Daytime Phone #