


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 739070</b>	
<b>1. Entity Name</b> RADIO CLUB OF CUBA-EXILE, INC.(RADIO CLUB DE CUBA-EXILIO, INC.)	

<b>Principal Place of Business</b> 5440 SW 93RD AVE. PO BOX 655127 MIAMI, FL 33265-2405 US	<b>Mailing Address</b> 5440 SW 93RD AVE. PO BOX 655127 MIAMI, FL 33265-2405 US
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03012007 No Chg-NP CR2E037 (4/06)

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

<b>6. Name and Address of Current Registered Agent</b>  RIBAS, MARIO E. 5440 SW 93 AVE. MIAMI, FL 33165
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**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)

Signature, typed or printed name of registered agent and title if applicable DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD MELLANDO, LUIS F. 5685 SW 128 CT. MIAMI, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD SOLA, MIGUEL E 9883 SW 1ST TERR MIAMI, FL 33174
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD RIBAS, MARIO E 5440 SW 93 AVE MIAMI, FL 33165
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S RIBAS, MARIO E 5440 SW 93 AVE MIAMI, FL 33165
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S RIBAS, MARIO E 5440 SW 93 AVE MIAMI, FL 33165
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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03/23/07-20009-007-61.25

**12. I hereby 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.**

**SIGNATURE:** MARIO E RIBAS *Mario E. Ribas* 3/7/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-276-1511