

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90027 030 \*\*\*\*61.25

**DOCUMENT # 739237**

1. Entity Name  
CUBAN PHILATELIC SOCIETY OF AMERICA, INC.



Principal Place of Business  
901 SW 62 AVE  
WEST MIAMI, FL 33155

Mailing Address  
PO BOX 141656  
CORAL GABLES, FL 33114 US

**DO NOT WRITE IN THIS SPACE**

40052490



01182008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-1800803

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CARLOS SAN MARTIN  
1930 SW 57 PLACE  
MIAMI, FL 33155

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PAST
NAME	IGLESIAS, FERNANDO J
STREET ADDRESS	4061 SW 10 TERR
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	D
NAME	ALVAREZ, GERARDO
STREET ADDRESS	4855 SW 94 AVENUE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	SD
NAME	MARTI, ALDO
STREET ADDRESS	3251 SW 21TH ST
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	DIAZ, LUIS
STREET ADDRESS	7730 SW 67 AVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	TD
NAME	SAN MARTIN, CARLOS, JR.
STREET ADDRESS	1930 S.W. 57TH PLACE
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	FRUTOS, SILVIA GARCIA ✓
STREET ADDRESS	1528 SEVILLA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134

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IN THIS SPACE**

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:** *Silvia Garcia V.P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB. 26/08 305-661-0823**

Date

Daytime Phone #