

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739237

FILED
May 01, 2009
Secretary of State

Entity Name: CUBAN PHILATELIC SOCIETY OF AMERICA, INC.

Current Principal Place of Business:

901 SW 62 AVE
WEST MIAMI, FL 33155

New Principal Place of Business:

6856 SW 53 STREET
MIAMI, FL 33155

Current Mailing Address:

PO BOX 141656
CORAL GABLES, FL 33114 US

New Mailing Address:

FEI Number: 59-1800803 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARLOS SAN MARTIN
1930 SW 57 PLACE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PAST () Delete
Name: IGLESIAS, FERNANDO J
Address: 4061 SW 10 TERR
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: ALVAREZ, GERARDO
Address: 4855 SW 94 AVENUE
City-St-Zip: MIAMI, FL 33165

Title: SD () Delete
Name: MARTI, ALDO
Address: 3251 SW 21TH ST
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: DIAZ, LUIS
Address: 7730 SW 67 AVE
City-St-Zip: MIAMI, FL 33143

Title: TD () Delete
Name: SAN MARTIN, CARLOS, JR.
Address: 1930 S.W. 57TH PLACE
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: FRUTOS, SILVIA GARCIA
Address: 1528 SEVILLA AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIA GARCIA FRUTOS

VP

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date