

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90002 032 ****70.00

DOCUMENT # 741174
 1. Entity Name:
GRAN LOGIA DE CUBA A.L. & A.M., INC.



Principal Place of Business: **910 NW 22ND AVE MIAMI FL 33125**
 Mailing Address: **910 NW 22ND AVE MIAMI FL 33125**

40006369



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **59-1795407**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
SALAS-AMARO, ARMANDO
534 S.W. 68 AVE.
MIAMI FL FL 33056

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	SD GORDILLO, ROLANDO N	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	910 NW 22 AV	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE NAME	TD CANGAS, JOSE A	<input type="checkbox"/> Delete
STREET ADDRESS	910 NW 22 AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE NAME	PD SANCHEZ, PABLO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	910 NW 22 AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD Pablo Sanchez Govin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	910 N.W. 22 Av	
CITY-ST-ZIP	Miami FL 33125	
TITLE NAME	PD Eleuterio Perez Lopez	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	910 N.W. 22 Av	
CITY-ST-ZIP	Miami FL 33125	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jose A. Cangas Date: 01-20-05 Daytime Phone: 305 649 7093