


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

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			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-1795407	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
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 State: 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 reconstituting) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOVIN, PABLO S 910 NW 22 AVE. MIAMI FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CANGAS, JOSE A 910 NW 22 AVE MIAMI FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, ELEUTENIO 910 NW 22 AVE MIAMI FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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1st MOORE CR2E037 (10/05)

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

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

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jose A. Cargas* Director **Jose A. Cargas** 1/24/06 305-649-7093