


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90027 018 \*\*\*\*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**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SD	NAVARRO, RAUL	910 N.W. 22 AVE	MIAMI FL 33125	<input type="checkbox"/>
TD	CANGAS, JOSE A	910 NW 22 AVE	MIAMI FL 33125	<input type="checkbox"/>
RD	CRUZ-ZAMORA, JONCE	910 NW 22 AVE	MIAMI FL 33125	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Gustavo Puerto	910 NW 22 Ave	Miami FL 33125	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Rolando N. Gordillo	910 NW 22 Ave	Miami FL 33125	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	CANGAS Jose A.	910 N.W. 22 AVE.	Miami FL 33125	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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. Cangas* Jose A. Cangas 3/24/08