

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

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90043 009 ****61.25

DOCUMENT # 751866

1. Entity Name

LEONES CUBANOS EN EL EXILIO, INC.



Principal Place of Business

4600 NW 7TH ST
MIAMI FL 33125
US

Mailing Address

P O BOX 352502
MIAMI FL 33135
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1995309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRES, MELQUIADES
581 S.W. 44 PLACE
MIAMI FL 33134

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 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	P	<input checked="" type="checkbox"/> Delete
NAME	BOLONOS, ANDRES	
STREET ADDRESS	2662 S.W. 138 CT.	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PALLAS, BERTA	
STREET ADDRESS	9270 FOUNTAINEBLEAU BLVD.	
CITY-ST-ZIP	MIAMI FL 33192	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TORRES, MELQUIADES	
STREET ADDRESS	581 S.W. 44 PLACE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ABREU, ERNESTINO	
STREET ADDRESS	10863 S.W. 34 ST.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BAUTA, GUILLERMO	
STREET ADDRESS	2829 INDIAN CRK. DR. APT. 1008	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE PEDRO, ANGEL	
STREET ADDRESS	4750 N.W. 6 ST	
CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, MELQUIADES	
STREET ADDRESS	581 S.W. 44 PL	
CITY-ST-ZIP	MIAMI, FL. 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Melquiades Torres

MELQUIADES TORRES - PRESIDENT

Date

3/8/05

Daytime Phone #

(305) 443-5010