2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90171 049 ****61.25

DOCUMENT #758799

1. Entity Name
CUBA INDEPENDIENTE Y DEMOCRATICA (C.I.D.), INC.



			1					
Principal Place of Business 10020 SW 37TH TERRACE MIAMI, FL 33165		Mailing Address 10020 SW 37TH TERRACE MIAMI, FL 33165		. 400	40053952			
2. Principal Place of Business 10020 S.W. 37th Turrace		3. Mailing Address						
10020 S. W. 37th Tyra ce. Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182006	Chg-NP C	R2E037 (11/05)		
City & State Miami, Fl.		City & State		4. FEI Number 59-20927	59-2092724 Not Applicable			
33165	Country Mine Dake	Zip	Country	5. Certificate of	Status Desired [□ \$8.75 Add Fee Require		
00780	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New Regis	stered Agent		
ALVAREZ, JESUS				Name				
2742 SW 8TH STREET			Street A	Street Address (P.O. Box Number is Not Acceptable)				
18 MIAMI, FL 33135								
			City			FL Zip Cod	е	
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) OATE								
Filing Fee is \$61.25 9. Election Camp Due by May 1, 2006 Trust Fund Co				\$5.00 May Be Added to Fees		check payable to Department of St		
10.	OFFICERS AND DIF		11.	ADDITIONS/CHAN	IGES TO OFFICERS A			
TITLE NAME	PD MATOS, B. HUBER	☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS	10000 SW 37TH TERRACE		STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33165 VD	□ p	CITY-ST-ZIP	VD		Change	Addition	
TITLE NAME	ROIZ, JOSE	☐ Delete	NAME	ROIZ, JOSE		C Change		
STREET ADDRESS	5615 SW 5TH STREET		STREET ADDRESS	561 SW 5TH STR	EET #4			
CITY-ST-ZIP	MIAMI, FL 33130	Delete	CITY-ST-ZIP	MIAMI, FL 33130		☐ Change	Addition	
NAME	PUBILLONES, ARNALDO	Delete	NAME			onengo		
STREET ADORESS	10020 S.W. 37TH TERRACE		STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	MIAMI, FL 33165	☐ Delete	TIFLE			☐ Change	☐ Addition	
NAME	NUNEZ, ARSENIO	□ Delete	NAME					
STREET ADDRESS CITY-ST-ZIP	8901 SW 5TH LANE		STREET ADORESS CITY-ST-ZIP					
TITLE	MIAMI, FL 33174	Delete	TITLE			☐ Change	Addition	
NAME	REMON, MIGUEL I	Delete	NAME					
STREET ADDRESS CITY-ST-ZIP	401 OCEAN DRIVE, UNIT 524		STREET ADDRESS CITY-ST-ZIP					
TITLE	MIAMI BEACH, FL 33139	☐ Delete	TITLE			☐ Change	Addition	
	ł .						_	
NAME		Delete	NAME					
1		Detecte						

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _

Huter Plator B SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-17-06-

305-221-3820