

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 758799**

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



Principal Place of Business  
**10020 SW 37TH TERRACE  
MIAMI, FL 33165**

Mailing Address  
**10020 SW 37TH TERRACE  
MIAMI, FL 33165**

**DO NOT WRITE IN THIS SPACE**



07152007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2092724**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ALVAREZ, JESUS  
2742 SW 8TH STREET  
18  
MIAMI, FL 33135**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MATOS, B. HUBER  
10000 SW 37TH TERRACE  
MIAMI, FL 33165**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
ROIZ, JOSE  
561 SW 5TH ST #4  
MIAMI, FL 33130**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
PUBILLONES, ARNALDO  
10020 S.W. 37TH TERRACE  
MIAMI, FL 33165**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
NUNEZ, ARSENIO  
8901 SW 5TH LANE  
MIAMI, FL 33174**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
REMON, MIGUEL I  
401 OCEAN DRIVE, UNIT 524  
MIAMI BEACH, FL 33139**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000771327  
08/03/07-80002-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSE ROIZ VD**

Date

Daytime Phone #

**7/29/07 305-725-6622**