

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008 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
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07142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2092724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

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	

U00000957314
 08/08/08-80003-016 61.25

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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: *Bluders [Signature]* August 4, 2008
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #