

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**



07142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2092724	Applied For <input type="checkbox"/> 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
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	

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08/08/08-80003-016 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

Blunder Matos
August 4, 2008

Date

Daytime Phone #