## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#758799** 

FILED Jul 28, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:	
10020 SW 37TH TERRACE MIAMI, FL 33165			
Current Mailing Address:		New Mailing Address:	
10020 SW MIAMI, FL	37TH TERRACE 33165		
FEI Number: 59-2092724 FEI Number Applied For() FEI Number Not Applicable() Certificate of Status Desired() In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
name and	Address of Current Registered Agent:	Name and Address o	n New Registered Agent:
ALVAREZ, JESUS 2742 SW 8TH STREET 18			
MIAMI, FL	33135 US		
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.			
SIGNATURE:			
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete MATOS, B. HUBER 10000 SW 37TH TERRACE MIAMI, FL 33165	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VD ( ) Delete ROIZ, JOSE 561 SW 5TH ST #4 MIAMI, FL 33130	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	S () Delete PUBILLONES, ARNALDO 10020 S.W. 37TH TERRACE MIAMI, FL 33165	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () Delete NUNEZ, ARSENIO 8901 SW 5TH LANE MIAMI, FL 33174	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () Delete REMON, MIGUEL I 401 OCEAN DRIVE, UNIT 524 MIAMI BEACH, FL 33139	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUBER B. MATOS PR 07/28/2009