


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000001644		
1. Entity Name CUBAN AMERICAN BANKERS ASSOCIATION INC.		
Principal Place of Business 780 N.W. 42ND AVENUE MIAMI, FL 33126	Mailing Address P.O. BOX 410926 CORAL GABLES, FL 33114-0926	



01252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5505633	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 DE MENDOZA, VICTOR L 105 SW 127 AVE MIAMI, FL 33184	DO NOT WRITE IN THIS SPACE
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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 May 1, 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	P FERNANDEZ, MANUEL 4780 S.W. 110 AVENUE DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAVO, PABLO 5121 GRANDA BLVD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ CASTRO, AMADEO JR 608 VALENCIA AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/05/08-80026-004 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 another like empowered.

305-263-7900

SIGNATURE: Amadeo Lopez Castro, Jr. Secretary

January 25, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #