


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000003371		
1. Entity Name COALITION OF CUBAN-AMERICAN WOMEN, INC.		

Principal Place of Business 4635 GRANADA BLVD MIAMI, FL 33146	Mailing Address 4635 GRANADA BLVD MIAMI, FL 33146 US
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01232006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3618828	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CARRO, LAIDA 4635 GRANADA BLVD. CORAL GABLES, FL 33146
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**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 re-instating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	D CARRO, LAIDA 4635 GRANADA BOULEVARD MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, LUCRECIA 1090 WEST 71 STREET HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMA, MARIA A 11751 S.W. 15TH STREET MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000403738  
02/06/06-80019-004 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: Maria A. Lima Vice President & Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 1/23/06 Daytime Phone #: 305-279-4416