


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000003371 1. Entity Name COALITION OF CUBAN-AMERICAN WOMEN, INC.	
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Principal Place of Business 4635 GRANADA BLVD MIAMI, FL 33146	Mailing Address 4635 GRANADA BLVD MIAMI, FL 33146 US
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01222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3618828	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 CARRO, LAIDA 4635 GRANADA BLVD. CORAL GABLES, FL 33146	DO NOT WRITE IN THIS SPACE
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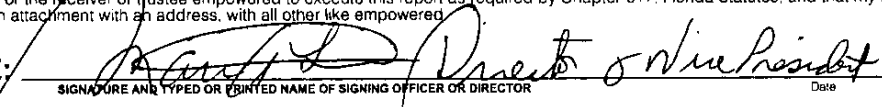
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000628761 02/16/07-80029-025 61.25
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:  **Director & Vice President** 1/22/07 305-662-5947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #