# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N00000003371**

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

| Principal Place of Business | Mailing Address |
|---|---|
| 4635 GRANADA BLVD<br>MIAMI, FL 33146 | 4635 GRANADA BLVD<br>MIAMI, FL 33146    US |

## DO NOT WRITE IN THIS SPACE

01152008  No Chg-NP          CR2E037 (4/06)

| 4. FEI Number | Applied For |
|---|---|
| 04-3618828 | Not Applicable |

5. Certificate of Status Desired  ☐  **$8.75** Additional Fee Required

### 6. Name and Address of Current Registered Agent

CARRO, LAIDA
4635 GRANADA BLVD.
CORAL GABLES, FL 33146

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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**<br>**Due by May 1, 2008** | 9. Election Campaign Financing<br>Trust Fund Contribution.  ☐ | **$5.00** May Be<br>Added to Fees | |
|---|---|---|---|

### 10. OFFICERS AND DIRECTORS

| TITLE | D |
|---|---|
| NAME | CARRO, LAIDA |
| STREET ADDRESS | 4635 GRANADA BOULEVARD |
| CITY-ST-ZIP | MIAMI, FL 33146 |

| TITLE | D |
|---|---|
| NAME | RODRIGUEZ, LUCRECIA |
| STREET ADDRESS | 1090 WEST 71 STREET |
| CITY-ST-ZIP | HIALEAH, FL 33014 |

| TITLE | D |
|---|---|
| NAME | LIMA, MARIA A |
| STREET ADDRESS | 11751 S.W. 15TH STREET |
| CITY-ST-ZIP | MIAMI, FL 33184 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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## 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_          1/16/08      786-493-2918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR          Date          Daytime Phone #