

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003371

FILED
Mar 04, 2009
Secretary of State

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

Current Principal Place of Business:

4635 GRANADA BLVD
MIAMI, FL 33146

New Principal Place of Business:

Current Mailing Address:

4635 GRANADA BLVD
MIAMI, FL 33146 US

New Mailing Address:

FEI Number: 04-3618828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: CARRO, LAIDA
Address: 4635 GRANADA BOULEVARD
City-St-Zip: MIAMI, FL 33146

Title: D () Delete
Name: RODRIGUEZ, LUCRECIA
Address: 1090 WEST 71 STREET
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: LIMA, MARIA A
Address: 11751 S.W. 15TH STREET
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIA A. LIMA

VICP

03/04/2009

Electronic Signature of Signing Officer or Director

Date