

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (F-1)**

FILED
Mar 22, 2005 8:00 am
Secretary of State

02-23-2005 90066 046 ****70.00

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1st MOORE CR2E037 (10/04)

DOCUMENT # N00000006204					
1. Entity Name INT ASSOC OF VETERANS OF WAR WAR ANTI COMMUNIST OF CUBA CORPORATION					
Principal Place of Business 718 NW 29 ST MIAMI FL 33127			Mailing Address PO BOX 1158 MIAMI FL 33142		
2. Principal Place of Business <i>SAME AS ABOVE</i>		3. Mailing Address <i>SAME AS ABOVE</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country <i>DADE</i>	Zip	Country <i>DADE</i>	4. FEI Number 65-1044636	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAMORA, RIGOBERTO 11921 SW 132 AVE MIAMI FL 33186			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Rigoberto Zamora</i> DATE <i>3-18-05</i> <small>Signature, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMORA, RIGOBERTO 11921 SW 132 AVE MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/A</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERA, VIVIAN 11921 SW 132 AVE MIAMI FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLORES, PEDRO 718 NW 29 ST MIAMI FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Rigoberto Zamora</i> <i>Rigoberto Zamora</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

3-18-05 305-858-2239