

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000004959

1. Entity Name
ENCUENTRO DE LA CULTURA CUBANA, INC.



Principal Place of Business
**414 BARBAROSSA AVE
CORAL GABLES, FL 33146**

Mailing Address
**414 BARBAROSSA AVE
CORAL GABLES, FL 33146**



03162008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1130838

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DURAN, ALFREDO G
2601 SO BAYSHORE DR, SUITE 1400
MIAMI, FL 33133**

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, ANNA
STREET ADDRESS	CALLE GENERAL RAMIREZ DE MADRID 22-3C
CITY-ST-ZIP	28020 MADRID SPAIN.
TITLE	SD
NAME	FERNANDEZ, LINO B
STREET ADDRESS	414 BARBAROSSA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	PSTD
NAME	BERNAL, BEATRIZ
STREET ADDRESS	AV DELVALLE 13
CITY-ST-ZIP	MADRID 28003 SPAIN.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000869782
04/09/08-80063-013 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08 305-661-5982
Date Daytime Phone #