2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90311 043 ****61.25

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1. Entity Name
CUBAN LIBERTY COUNCIL, INC.

Principal Place of Business	Mailing Address
701 SW 27TH AVE N 820 MIAMI, FL 33135	465 WEST PARK DR. #9 MIAMI, FL 33172

94049755

01132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1800198
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZUNIGA, LUIS
465 WEST PARK DR.
#9
MIAMI, FL 33172

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARCIA, HORACIO
STREET ADDRESS	465 WEST PARK DR.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	VD
NAME	HERNANDEZ, ALBERTO
STREET ADDRESS	465 WEST PARK DR.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	VD
NAME	SUAREZ, DIEGO
STREET ADDRESS	465 WEST PARK DR.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	TD
NAME	FOYO, FELICIANO
STREET ADDRESS	465 WEST PARK DR.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	SD
NAME	SANCHEZ, IGNACIO
STREET ADDRESS	465 WEST PARK DR.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	VSD
NAME	ZUNIGA, LUIS
STREET ADDRESS	465 WEST PARK DR.
CITY-ST-ZIP	MIAMI, FL 33172

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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: _____ HORACIO GARCIA 4-8-04 (305) 642-0610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #