2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State
04-20-2007 90083 007 ****61.25

400726J4

DOCUMENT # N01000006005

1. Entity Name
CUBAN LIBERTY COUNCIL, INC.

Principal Place of Business	Mailing Address
701 SW 27TH AVE N 820 / MIAMI, FL 33135 / /	701 SW 27TH AVE N/ 820 / MIAMI, FL 33135 /

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3663 SW 8th Street	3663 SW 8th Street
Suite, Apt. #, etc. Suite 210	Suite, Apt. #, etc. Suite 210
City & State Miami, Florida	City & State Miami, Florida
Zip / Country 33135 / USA	Zip / Country 33135 / USA

03202007 Chg-NP CR2E037 (12/06)

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

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 _____
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
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 GARCIA/HORACIO 3850 RIVIERA DRIVE/ CORAL GABLES/FL/33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Garcia Horacio 60 Edgewater Dr, Unit 15C Coral Gables, Fl 33133	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HERNANDEZ, ALBERTO 2695 LE JEUNE ROAD CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SUAREZ, DIEGO 3690 NW 62 STREET MIAMI, FL 33147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FOYO, FELICIANO 5915 GRANADA BOULEVARD CORAL GABLES, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SANCHEZ, IGNACIO 1200 NINETENTH STREET, NW WASHINGTON, DC 20036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD ZUNIGA, LUIS 465 WEST PARK DR. MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Horacio Garcia 4/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #