AMENDED

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-26-2007 90179 003 ****61.25
N01000006005

FILED
07 MAY -1 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

03272007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3663 S.W 8th Street	3663 S.W 8 Street
Suite, Apt. #, etc.: # 210	Suite, Apt. #, etc.: # 210
City & State: Miami Fl	City & State: Miami. Fl
Zip: 33135 Country:	Zip: 33135 Country: U.S.

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	7. Name and Address of New Registered Agent
ZUNIGA, LUIS 465 WEST PARK DR. #9 MIAMI, FL 33172	Name: Feliciano Foyo .J.D. Street Address (P.O. Box Number is Not Acceptable): Granada Blvd # 5915 City: Coral Gables. Miami FL Zip Code: 33146

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] - Secretary - Treasurer DATE: 4/23/07
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

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 6850 RIVIERA DRIVE CORAL GABLES, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HERNANDEZ, ALBERTO 2695 LE JEUNE ROAD CORAL GABLES, FL 33134	☐ Delete 5/10	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Same
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 Same
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 Same
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 Same
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: [signature] - Secretary - Treasurer (Feliciano Foyo) 305-661-9908
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #