

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006005

FILED
Mar 20, 2009
Secretary of State

Entity Name: CUBAN LIBERTY COUNCIL, INC.

Current Principal Place of Business:

3663 SW 8TH ST
STE 210
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

3663 SW 8TH ST
STE 210
MIAMI, FL 33135

New Mailing Address:

FEI Number: 31-1800198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOYO, FELICIANO TD
5915 GRANADA BLVD
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARCIA, HORACIO
Address: 60 EDGEWATER DR UNIT 15C
City-St-Zip: CORAL GABLES, FL 33133

Title: VD () Delete
Name: HERNANDEZ, ALBERTO
Address: 2695 LE JEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: SUAREZ, DIEGO
Address: 3690 NW 62 STREET
City-St-Zip: MIAMI, FL 33147

Title: TD () Delete
Name: FOYO, FELICIANO
Address: 5915 GRANADA BOULEVARD
City-St-Zip: CORAL GABLES, FL 33146

Title: SD (X) Delete
Name: SANCHEZ, IGNACIO
Address: 1200 NINETENTH STREET, NW
City-St-Zip: WASHINGTON, DC 20036

Title: SD () Delete
Name: PINO, RAUL F
Address: 2440 CORAL WAY
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELICIANO FOYO

TD

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date