## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 15, 2005 8:00 am Secretary of State

DOCUMENT # N0100006463  1. Entity Name PARTIDO RENOVACION NACIONAL CUBANO, INC.				( A A A A A A A A A A A A A A A A A A A	08-15-2005 90130 001 ****61.25 08-15-2005 90130 002 *****8.75			
Principal Place of Business  1401 W. FLAGLER STREET, #201-A  MIAMI, FL 33135-2254  Miami, FL 33135-2254  Miami, FL 33135-2254				1 100 (100 100 100	II BI SIRII RAIII BRIII I	<b>. 1</b> 144 <b>. 1</b> 144 <b>. 1</b> 141 <b>. 1</b> 141		IEHRI DI NOT
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05092005	Chg-NP	CR2E037	7 (10/03)	
City & State		City & State		4. FEI Number 54-2146	889		<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of			8.75 Add ee Require	
_	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New	Registered A	gent	
1401 W. F	VICTOR LORENZO LAGLER STREET, #201-A 33135-2254	*	Street Ad	reet Address (P.O. Box Number is Not Acceptable)				
		<u> </u>	City			FL	Zip Cod	le
8. The above	e named entity submits this statement for	or the purpose of changing its	registered office or	registered agent, or both	in the State of			and accept
SIGNATURE	victor Lo	epuzo Si	ERRA					
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signatur	re required when reinstating)		DATE		
D	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 7, 2005		npaign Financing	\$5.00 May Be Added to Fees	FI	DATE Make check orida Departi		
10.	Filing Fee is \$61.25 ue by September 7, 2005 OFFICERS AND DI	9. Election Car Trust Fund C	npaign Financing	\$5.00 May Be		Make check orida Departi	ment of S	tate
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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: VICTOR LOS JOS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SUND DATE DATE DATE PROPER