## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 05, 2007 8:00 am Secretary of State

DOCUMENT # N0200001509  1. Entity Name CUBAN GENEALOGY CLUB OF MIAMI, FLORIDA, INC.								07-05-2007	90057 (	)43 ****6	1.25	
5521 SW 163 AVENUE 55			5521	Mailing Address 5521 SW 163 AVENUE SOUTHWEST RANCHES, FL 33331				401551				
Principal Place of Business - No PQ Box # 3.			3. Maili	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07012007	Chg-NP	CR2E0	37 (12/06)		
City & State			City & State					4. FEI Number 32-00044	76			plied For ot Applicable
Zip	Zip Country -		Zip		Cou	Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered	l Agent				7. Name and Ad	Idress of New F	Registered	Agent	
ZERVOUDAKIS, MARTHA				Name Street Address			ddress (F	P.O. Box Number is	s Not Acceptable	e)		
5521 SW 163 AVENUE SOUTHWEST RANCHES, FL 33331				Street Address (								
						City			<del>, , , , , , , , , , , , , , , , , , , </del>	FL	Zip Cod	е
	named entit ions of regist	ly submits this statement fo tered agent.	r the purpo	se of changing its	registere	ed office o	r register	ed agent, or both, i	in the State of FI	lorida. I am	familiar with,	and accept
SIGNATURE	Signature typed	or printed harne of registered abord of	and Med appli	cable (NOTE	5. Remotern	i Agent signat				0.17		
					L riegistics		ore rectange	when remstating)		DATE		!
D	_	e is \$61.25 ptember 14, 2007		9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May Be Added to Fees		Make chec	k payable to	
<b>D</b> .	_	ee is \$61.25		9. Election Care	npaign F	inancing		\$5.00 May Be	Flor	Make chec rida Depa	rtment of S	tate
	PD RAMOS, i	pe is \$61.25 ptember 14, 2007 OFFICERS AND DIF EDUARDO V 33 STREET		9. Election Care	npaign F Contributi 11. TITEE NAMI	inancing on.		\$5.00 May Be Added to Fees	Flor	Make chec rida Depa	rtment of S	tate
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Date

Director director of director of director of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corpora