


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000001509**

1. Entity Name  
**CUBAN GENEALOGY CLUB OF MIAMI, FLORIDA, INC.**



Principal Place of Business <b>5521 SW 163 AVENUE          SOUTHWEST RANCHES, FL 33331</b>	Mailing Address <b>5521 SW 163 AVENUE          SOUTHWEST RANCHES, FL 33331</b>
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01252008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>32-0004476</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ZERVOUDAKIS, MARTHA  
 5521 SW 163 AVENUE  
 SOUTHWEST RANCHES, FL 33331**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMOS, EDUARDO 10841 SW 33 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD FERNANDEZ, MARIA E 1990 W 50 ST #1111 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZARET, MARIE 1990 W 56TH STREET UNIT 1111 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ, MARIA E 9755 SW 95 AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IBANEZ ZERVOUDAKIS, MARTHA 5521 SW 163 AVE SOUTHWEST RANCHES, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP FLORES, JORGE 129 CHESNUT CIR ROYAL PALM BEACH, FL 33411

000000826763  
 02/21/08-80062-012 61.25

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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: *Martha Ibanez Zervoudakis* **Martha Ibanez Zervoudakis** 1/25/08 389-4397 <sup>(305)</sup>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #