

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002009

FILED  
Mar 05, 2007  
Secretary of State

**Entity Name:** CUBAN AMERICAN NATIONAL ASSOCIATION, INC.

**Current Principal Place of Business:**

904 SW 23 AVE  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

904 SW 23 AVE  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 75-3045795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, DEMETRIO JR  
904 SW 23 AVE  
MIAMI, FL 33135 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: D ( ) Delete  
Name: ESPINOSA, ROLANDO  
Address: 904 SW 23 AVE  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: ESPINOSA, ARMINDA  
Address: 904 SW 23 AVE  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: PEREZ, DEMETRIO JR  
Address: 904 SW 23 AVE  
City-St-Zip: MIAMI, FL 33135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PEREZ, DEMETRIO J  
Address: 904 SW 23 AVE  
City-St-Zip: MIAMI, FL 33135

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

Title: D (X) Change ( ) Addition  
Name: VASALLO, MARIA  
Address: 904 SW 23 AVE  
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the 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: ARMINDA ESPINOSA

D

03/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date