

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # N02000005219

1. Entity Name
CUBAN VOLUNTEER GROUP CORPORATION



Principal Place of Business

POST OFFICE BOX 6545
MIAMI, FL 33122

Mailing Address

POST OFFICE BOX 6545
MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

01-0771587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARDOIS, LUIS F
10304 N.W. 9 STREET CIRCLE
SUITE #102
MIAMI, FL 33172

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PONZO, GUSTAVO C
STREET ADDRESS	3025 S.W. 93RD COURT
CITY - ST - ZIP	MIAMI, FL 33165
TITLE	SD
NAME	MEDELL, ROBERTO
STREET ADDRESS	7003 WATERWAY DRIVE #213
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	TD
NAME	ARDOIS, LUIS F
STREET ADDRESS	10304 NW 9 STREET CIRCLE #102
CITY - ST - ZIP	MIAMI, FL 33172

U00000002977
01/13/04-80036-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gustavo C. Ponzo **Gustavo C. Ponzo** **JAN 08/2004** **305-225-9761**