

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000005327

1. Entity Name
CONSEJO NACIONAL DE EX-PRESOS POLITICOS CUBANOS INC.



Principal Place of Business 2650 BISCAYNE BLVD MIAMI, FL 33137	Mailing Address 2650 BISCAYNE BLVD MIAMI, FL 33137
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05222006 No Chg-NP CR2E037 (4/06)

4. FEI Number 35-2184898	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CID, PEDRO F
 2650 BISCAYNE BLVD
 MIAMI, FL 33137**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 6, 2006**

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

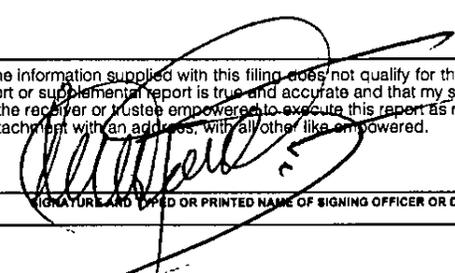
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perez, Roberto M 3346 TORREMOLINOS MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMIERE, PABLO 2340 SE 21 TERRACE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUTO, RAMON 902 NW 22 CT MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUENTES CID, PEDRO J 2650 BISCAYNE BOULEVARD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AQUIT, REINALDO 1667 SW 136 PL MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 06/13/06-80006-013 70.00

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:  DATE: **5-27-06** DAYTIME PHONE #: **305 209 7124**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR