

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 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 |
|---|---|



| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E037 (10/06)

| | |
|---------------------|---------------------|
| City & State Zip | City & State Zip |
|---------------------|---------------------|

| | |
|--|--|
| 4. FE# Number 35-2184898 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**CID, PEDRO F
2650 BISCAYNE BLVD
MIAMI FL 33137**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 re-registering)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D <input type="checkbox"/> Delete PEREZ, ROBERTO M 3346 TORREMOLINOS MIAMI FL 33138 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D <input type="checkbox"/> Delete PALMIERE, PABLO 2340 SE 21 TERRACE MIAMI FL 33145 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D <input type="checkbox"/> Delete COUTO, RAMON 902 NW 22 CT MIAMI FL 33182 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D <input type="checkbox"/> Delete FUENTES CID, PEDRO J 2650 BISCAYNE BOULEVARD MIAMI FL 33137 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D <input type="checkbox"/> Delete AQUIT, REINALDO 1667 SW 136 PL MIAMI FL 33175 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000678472 04/02/07-80033-010 70.00 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Salvador Babuin* 2/17/07