

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005327

FILED
May 15, 2008
Secretary of State

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

Current Principal Place of Business:

2650 BISCAYNE BLVD
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

2650 BISCAYNE BLVD
MIAMI, FL 33137

New Mailing Address:

FEI Number: 35-2184898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CID, PEDRO F
2650 BISCAYNE BLVD
MIAMI, FL 33137 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: PEREZ, ROBERTO M
Address: 3346 TORREMOLINOS
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: PALMIERE, PABLO
Address: 2340 SE 21 TERRACE
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: COUTO, RAMON
Address: 902 NW 22 CT
City-St-Zip: MIAMI, FL 33182

Title: D () Delete
Name: FUENTES CID, PEDRO J
Address: 2650 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: AQUIT, REINALDO
Address: 1667 SW 136 PL
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PABLO PALMIERI

D

05/15/2008

Electronic Signature of Signing Officer or Director

_____ Date