

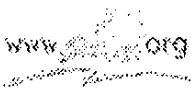
NOT 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # N02000009167 1. Entity Name ASOCIACION DE ANTIGUOS SCOUTS Y GUIAS DE CUBA				07 JUL 11 01:10:01 2007 FEE \$150.00	
Principal Place of Business 50 NW 51 PL MIAMI FL: 33021		Mailing Address PO BOX 126425 HIALEAH FL. 33012			
2. Principal Place of Business - No P.O. Box # PO Box 126425 Suite, Apt. #, etc. Hialeah		3. Mailing Address PO Box 126425 Suite, Apt. #, etc. Hialeah			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number NOT APPLICABLE	
Zip 33012		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARFAN ERNESTO 5895 W 16 AVE #201 HIALEAH, FL. 33012			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME FLORES MANUEL STREET ADDRESS 2333 BRICKEL AVE CITY - ST - ZIP MIAMI FL 33129	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE SD NAME GARCIA B. SALVADOR STREET ADDRESS 101 SW 62 AVE MIAMI CITY - ST - ZIP F. 33144	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE TD NAME FARFAN ERNESTO STREET ADDRESS 5895W 16AVE. HIALEAH CITY - ST - ZIP F. 33012	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE D NAME ESPINOSA JUSTO STREET ADDRESS 4033 NW 11 ST # 8 CITY - ST - ZIP MIAMI FL 33126	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 607, 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: <u>Justo Espinosa</u>			DATE: 2/30/07		
IDENTIFICATION NUMBER: 541-9672			FILED:		

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