

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N02755 1. Entity Name CUBAN THEATRE FOLKLORE HERITAGE, INC.	
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Principal Place of Business 250 W. 25TH STREET MIAMI FL 33010	Mailing Address 250 W. 25TH STREET MIAMI FL 33010
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2486581	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PINEIRO, ALBERTO J. 250 WEST 25TH STREET MIAMI FL 33010	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PCMD PINEIRO, ALBERTO J.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000228946 02/14/05-80058-017 61.25
NAME	PINEIRO, ALBERTO J.	NAME	
STREET ADDRESS	250 WEST 25TH STREET	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	VPD CASTILLO, OSVALDO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, OSVALDO	NAME	
STREET ADDRESS	10364 SW 8 TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	TD CABRERA, MIRSA M.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERA, MIRSA M.	NAME	
STREET ADDRESS	250 WEST 25TH STREET	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	V FUENTE, TONY D.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUENTE, TONY D.	NAME	
STREET ADDRESS	1605 PENNSYLVANIA APT 401	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	SD HERRERA, TATYANA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRERA, TATYANA	NAME	
STREET ADDRESS	3801 SW 58 AVE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		

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: <i>Mirsa M. Cabrera</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/11/05 Date	_____ Daytime Phone #
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