


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N02755

1. Entity Name
CUBAN THEATRE FOLKLORE HERITAGE, INC.



Principal Place of Business Mailing Address

250 W. 25TH STREET 250 W. 25TH STREET
 MIAMI, FL 33010 MIAMI, FL 33010

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02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 59-2486581 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PINEIRO, ALBERTO J.
 250 WEST 25TH STREET
 MIAMI, FL 33010

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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 May 1, 2007

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

U00000638834
 02/27/07-80046-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCMD PINEIRO, ALBERTO J. 250 WEST 25TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASTILLO, OSVALDO 10364 SW 8 TERR MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CABRERA, MIRSA M. 250 WEST 25TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FUENTE, TONY D. 1605 PENNSYLVANIA APT 401 MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERRERA, TATYANA 3801 SW 58 AVE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Mirsa M. Cabrera* **2/13/07** **305 885-8414**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #