

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 APR 18 AM 8:22

DOCUMENT # N03000000916 1. Entity Name CUBA LEGAL TRANSITION INC.					
Principal Place of Business 600 BILTMORE WAY, #1205 CORAL GABLES, FL 33134			Mailing Address 600 BILTMORE WAY, #1205 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 06-1678877	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE GOYTISOLO, AGUSTIN 600 BILTMORE WAY, #1205 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2012		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				10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD DE GOYTISOLO, AGUSTIN 600 BILTMORE WAY APT 1205 CORAL GABLES, FL 331347534			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD HERNANDEZ, JOSE M 101 OCEAN LANE DR #2011 KEY BISCAYNE, FL 33149			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DAS PUENTE, RICARDO H 8025 S.W. 90TH TERRACE MIAMI, FL 33156			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)			<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)			<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 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: _____ DATE: 04/16/12 E-MAIL ADDRESS: esdkey@afl.net					