2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N03000004779

PARTIDO NACIONALISTA DEMOCRATICO DE CUBA. INC.



Principal Place of Business

14603 SW 184 AVE MIAMI, FL 33196

Mailing Address

14603 SW 184 AVE MIAMI, FL 33196

FILED Jan 25, 2007 8:00 am **Secretary of State**

01-25-2007 90030 040 ****66.25

Phhhoena



01172007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 56-2392674

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, JUAN A

DO NOT WOITE

10251 SUNSET DR A-106 MIAMI, FL 33173			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the ptions of registered agent.	purpose of changing its registered	office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	1 applicable. (NOTE: Registered A	Agent signature	required when reinstating)	DATE
11 M	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financi Trust Fund Contribution.	ing 🙀	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEPERO, ALFREDO 14603 SW 184 AVE MIAMI, FL 33196				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITI C					

12. I hereby certify that the information supplied with this filling 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 fustee 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.

SIGNATURE://

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #