2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000004918

1. Entity Name
THE CUBAN AMERICAN CPA ASSOCIATION FOUNDATION, INC.

FILED
04 MAY -5 PM 12:1r
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% GUILLERMO J. FERNANDEZ-QUINCOCES, ESQ. 200 SOUTH BISCAYNE BLVD, SUITE 4100 MIAMI, FL 33131-2398	% GUILLERMO J. FERNANDEZ-QUINCOCES, ESQ. 200 SOUTH BISCAYNE BLVD, SUITE 4100 MIAMI, FL 33131-2398

01062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0694721 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GULLERMO J. FERNANDEZ-QUINCOCES, P.A. % STEEL HECTOR & DAVIS 200 SOUTH BISCAYNE BLVD. STE 4100 MIAMI, FL 33131-2398	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AGUERREBERE, MARLENE 200 SOUTH BISCAYNE BLVD., SUITE 4100 MIAMI, FL 331312398	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANFDEZ-QUINCOCES, GUILLERMO J 200 SOUTH BISCAYNE BLVD., SUITE 4100 MIAMI, FL 331312398	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400035846 Chg ☐ Addition 05/11/04--01011--004 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOMEZ, RAMON 200 SOUTH BISCAYNE BLVD., SUITE 4100 MIAMI, FL 331312398	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, GLORIA M 200 SOUTH BISCAYNE BLVD., SUITE 4100 MIAMI, FL 331312398	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUINA, MARGARITA 200 SOUTH BISCAYNE BLVD., SUITE 4100 MIAMI, FL 331312398	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREZ ABREU, CARLOS 200 SOUTH BISCAYNE BLVD., SUITE 4100 MIAMI, FL 331312398	☐ 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 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: Guillermo J. Fernandez-Quincoces 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #