

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004918

FILED  
May 01, 2011  
Secretary of State

**Entity Name:** THE CUBAN AMERICAN CPA ASSOCIATION FOUNDATION, INC.

**Current Principal Place of Business:**

8550 W. FLAGLER ST.  
105  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 442016  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 20-0694721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GULLERMO J. FERNANDEZ-QUINCOCES, P.A.  
100 SE 2ND STREET  
SUITE 1600  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MENDEZ, EDUARDO  
Address: 2600 DOUGLAS ROAD, SUITE 501  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: AGUILILLA, HECTOR  
Address: 200 SOUTH BISCAYNE BLVD., SIXTH FLOOR  
City-St-Zip: MIAMI, FL 33131

Title: T  
Name: HERNANDEZ, DAVID  
Address: 15238 SW 31 LN  
City-St-Zip: MIAMI, FL 33185

Title: D  
Name: DEL VALLE, LIANE  
Address: 201 SOUTH BISCAYNE BLVD., SUITE 3000  
City-St-Zip: MIAMI, FL 33131

Title: S  
Name: PRIEGUES-SPROUL, REBECCA  
Address: 200 SOUTH BISCAYNE BLVD, SUITE 2000  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID HERNANDEZ

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05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date