

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2005
Secretary of State

DOCUMENT# N03000010600

Entity Name: ENLACE CUBANO, INC.

Current Principal Place of Business:

1522 SAN IGNACIO
SUITE 1
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1522 SAN IGNACIO
SUITE 1
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 52-2375490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA-LARRIEU, JOAQUIN
10380 SW 115 ST
MIAMI, FL 33176 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: D () Delete
Name: GARICA-LARRIEU, MARIA
Address: 2333 BRICKELL AVE., UNIT 1116
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: SALADRIGAS, ELISA M
Address: 2333 BRICKELL AVE., UNIT 1116
City-St-Zip: MIAMI, FL 33136

Title: D (X) Delete
Name: OLIVA-FONSECA, MARTA
Address: 2333 BRICKELL AVE., UNIT 1116
City-St-Zip: MIAMI, FL 33136

Title: D (X) Delete
Name: GOUDIE, ANNIE L
Address: 2333 BRICKELL AVE., UNIT 1116
City-St-Zip: MIAMI, FL 33136

Title: D (X) Delete
Name: TOMAS, ALINA
Address: 2333 BRICKELL AVE., UNIT 1116
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: GARICA-LARRIEU, MARIA
Address: 1522 SAN IGNACIO
City-St-Zip: CORAL GABLES, FL 33146

Title: DR (X) Change () Addition
Name: SALADRIGAS, ELISA M
Address: 1522 SAN IGNACIO
City-St-Zip: MIAMI, FL 33146

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARIA GARCIA-LARRIEU

DR.

02/13/2005

Electronic Signature of Signing Officer or Director

_____ Date