

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011088

FILED
Aug 26, 2004
Secretary of State

Entity Name: FLORIDA-CUBA BUSINESS COUNCIL, INC.

Current Principal Place of Business:

201 SOUTH BISCAYNE BLVD., SUITE 2500
MIAMI, FL 33131

New Principal Place of Business:

201 SOUTH BISCAYNE BLVD.,
SUITE 2500
MIAMI, FL 33131

Current Mailing Address:

201 SOUTH BISCAYNE BLVD., SUITE 2500
MIAMI, FL 33131

New Mailing Address:

201 SOUTH BISCAYNE BLVD.,
SUITE 2500
MIAMI, FL 33131

FEI Number: 75-3161800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMORA, ANTONIO
201 SOUTH BISCAYNE BLVD., SUITE 2500
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: D () Delete
Name: GALOPPI, PIERRE
Address: 325 WEST 49TH ST.
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: GODDARD, ANDREW
Address: P.O. BOX 13752
City-St-Zip: TAMPA, FL 33681

Title: D () Delete
Name: JUSTO, CARLOS
Address: 3905 ALTON RD.
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: BENES, BERNARDO
Address: 8875 COLLINS AVE., APT. 808
City-St-Zip: SURFSIDE, FL 33154

Title: D () Delete
Name: ZAMORA, ANTONIO
Address: 201 S. BISCAYNE BLVD., SUITE 2500
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LLORENTE, RAUL
Address: 345 CYPRESS DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

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

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: ANTONIO ZAMORA

D/S

08/26/2004

Electronic Signature of Signing Officer or Director

Date