


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N03000011088 |  |
| 1. Entity Name FLORIDA-CUBA BUSINESS COUNCIL, INC. | |

| | |
|---|---|
| Principal Place of Business 201 SOUTH BISCAYNE BLVD., SUITE 2500 MIAMI, FL 33131 | Mailing Address 201 SOUTH BISCAYNE BLVD., SUITE 2500 MIAMI, FL 33131 |
|---|---|



04132005 No Chg-NP CR2E037 (10/03)

| | |
|--|--|
| 4. FEI Number 75-3161800 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

| |
|---|
| 6. Name and Address of Current Registered Agent ZAMORA, ANTONIO 201 SOUTH BISCAYNE BLVD., SUITE 2500 MIAMI, FL 33131 |
|---|

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|---|
| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LLORENTE, RAUL 345 CYPRESS DRIVE KEY BISCAYNE, FL 33149 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GODDARD, ANDREW P.O. BOX 13752 TAMPA, FL 33681 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JUSTO, CARLOS 3905 ALTON RD. MIAMI BEACH, FL 33140 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BENES, BERNARDO 8875 COLLINS AVE., APT. 808 SURFSIDE, FL 33154 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZAMORA, ANTONIO 201 S. BISCAYNE BLVD., SUITE 2500 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 recorder 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: Antonio Zamora D (Antonio Zamora D) 4/13/05 305-

Date Daytime Phone #

379-5574