

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000462

FILED
Apr 22, 2006
Secretary of State

Entity Name: RED FEMINISTA CUBANA, INC.

Current Principal Place of Business:

8500 SW 8 STREET
SUITE 266
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8500 SW 8 STREET
SUITE 266
MIAMI, FL 33144

New Mailing Address:

FEI Number: 14-1907893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FUENTES, ILEANA
8751 SW 54 STREET
MIAMI, FL 33165 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: MS () Delete
Name: NARDO, OFELIA
Address: 2325 S.W. 5TH ST. APT. 13
City-St-Zip: MIAMI, FL 33135

Title: MS () Delete
Name: FUENTES, ILEANA
Address: 8751 SW 54 STREET
City-St-Zip: MIAMI, FL 33165

Title: DR () Delete
Name: GOMEZ, SANDRA
Address: 3522 OAKDALE DRIVE
City-St-Zip: BIRMINGHAM, AL 35223

Title: MS () Delete
Name: BALBIN, MARIBEL
Address: 8346 DUNDEE TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: MS () Change (X) Addition
Name: GUINOT, SANDRA
Address: 1401 VILLAGE BLVD. APT. 1612
City-St-Zip: WEST PAL, BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ILEANA FUENTES

MS

04/22/2006

Electronic Signature of Signing Officer or Director

_____ Date