

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90043 028 ****66.25

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|--|---|---|--|---------------------------------------|--|
| DOCUMENT # N04000001453 | | | | | |
| 1. Entity Name FRATERNITY OF CUBAN EX POLITICAL PRISONERS SUPPORT GROUP, INC. | | | | | |
| Principal Place of Business 3450 SW 124 COURT MIAMI, FL 33175 ✓ | | | Mailing Address 3450 SW 124 COURT MIAMI, FL 33175 ✓ | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 34-2004697 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HERNANDEZ-SARDUY, ISMAEL 3450 SW 124 COURT MIAMI, FL 33175 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 ✓ Due by May 1, 2005 | | 9. Election Campaign Financing <input checked="" type="checkbox"/> Trust Fund Contribution. | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EXD HERNANDEZ-SARDUY, ISMAEL 3450 SW 124 COURT MIAMI, FL 33175 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AZCUY, ROBERTO 8470 SW 156 CT #205 MIAMI, FL 33193 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DENIS, FRANCISCO J 12360 SW 40 STREET MIAMI, FL 33175 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOMEZ, JOSE M 7801 SW 34 TERRACE MIAMI, FL 33135 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VAZQUEZ, ORLANDO 6840 SW 8 STREET #F607 MIAMI, FL 33144 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ, EDUARDO 877 W. 33 STREET HIALEAH, FL 33012 | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |
| Date | | | Daytime Phone # | | |