

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90103 038 ****75.00

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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**

50011287



03152006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-2004697

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ-SARDUY, ISMAEL
3450 SW 124 COURT
MIAMI, FL 33175**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EXD
HERNANDEZ-SARDUY, ISMAEL
3450 SW 124 COURT
MIAMI, FL 33175**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AZCUY, ROBERTO
8470 SW 156 CT #205
MIAMI, FL 33193**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DENIS, FRANCISCO J
12360 SW 40 STREET
MIAMI, FL 33175**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOMEZ, JOSE M
7801 SW 34 TERRACE
MIAMI, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VAZQUEZ, ORLANDO
6840 SW 8 STREET #F607
MIAMI, FL 33144**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEREZ, EDUARDO
877 W. 33 STREET
HIALEAH, FL 33012**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ismael Hernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20
Date

305-220 9186
Daytime Phone #