


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90006 031 ****69.00

DOCUMENT # N04000003537 1. Entity Name GRUPO DE APOYO A BIBLIOTECAS DEMOCRATICAS INDEPENDIENTES EN CUBA CORP.	
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Principal Place of Business 3511 NW 18 ST MIAMI, FL 33125	Mailing Address 3511 NW 18 ST MIAMI, FL 33125
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0320388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ-DIEGUEZ, NELSON 1651 N.W. 31 AVE. MIAMI, FL 33125	DO NOT WRITE IN THIS SPACE
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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 reappointing)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ-DIEGUEZ, NELSON 1651 N.W. 31 AVE. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD MORO, MIREYA 1205 NW 95 ST, APT 117 MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSALES, JUAN M 1641 S.W. 125 CT. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVEDO-NAYA, JUAN 4621 S.W. 5 ST. MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, ELDA 3750 W. LANE HIALEAH, FL 33012
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 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____