


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90152 013 ****61.25

DOCUMENT # N04000004745 1. Entity Name CUBAN AERONAUTICS ASSOCIATION, INC.					
Principal Place of Business 8248 WEST 8TH AVENUE HIALEAH, FL 33014			Mailing Address 8248 WEST 8TH AVENUE HIALEAH, FL 33014		
2. Principal Place of Business 2420 S.W. 131 Ct. Suite, Apt. #, etc. MIAMI FL			3. Mailing Address 2420 S.W. 131 Ct. Suite, Apt. #, etc. MIAMI FL		
City & State MIAMI FL			City & State MIAMI FL		
Zip 33175		Country USA.		Zip 33175	
Country USA.		4. FEI Number 80-1236508			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DE ARMAS, WIDEY 2979 SW 14TH STREET MIAMI, FL 33145				7. Name and Address of New Registered Agent Name MARCELINO GARCIA Street Address (P.O. Box Number is Not Acceptable) 2420 S.W. 131 Ct. MIAMI FL City MIAMI FL 33175	
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 <u><i>Marcelino Garcia</i></u> <u><i>Marcelino Garcia</i></u> <u><i>4/24/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete <input type="checkbox"/>	
	P	GARCIA, MARCELINO	2420 SW 131ST COURT	MIAMI, FL 33175	
	V	DE ARMAS, WIDEY	2979 SW 14TH STREET	MIAMI, FL 33145	
	T	CARIDE, OSVALDO	400 W 29TH PLACE #207	HIALEAH, FL 33012	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u><i>Marcelino Garcia</i></u> (<u><i>Marcelino Garcia</i></u>) <u><i>4/24/05</i></u> (305) 223 3087 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					