2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State
01-26-2005 90015 043 ****61.25

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01122005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000004827

1. Entity Name
COMISION CUBANA-AMERICANA POR DERECHOS FAMILIARES, INC.

Principal Place of Business	Mailing Address
2601 S BAYSHORE DR - STE 1400 MIAMI, FL 33133	2601 S BAYSHORE DR - STE 1400 MIAMI, FL 33133

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 83-0399910 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCELL, NILDA 2601 S BAYSHORE DR - STE 1400 MIAMI, FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing 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	P CEREIDO, ELIZABETH 435 SW 5TH AVE - APT 1 MIAMI, FL 33130	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres/Dir ~~Alfonso~~ Fernandez PA 210 33140 ALVARO 2555 Collins Ave MIAMI Beach FL ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOONE, ELIZABETH 6900 DADE DR E - APT 4-K MIAMI BEACH, FL 33141	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/Dir Sylvia Wilhelm 1925 BRICKELL AVE TH 17 MIAMI FL 33129 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARCELL, NILDA 2601 S BAYSHORE DR - STE 1400 MIAMI, FL 33133	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/Dir Max Castro 1762 SW 16th Street Miami FL 33145 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/Dir Lillian Manzor 5785 Ponce de Leon 136 CORAL GABLES FL 33146 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: A. Fernandez 1-19-05 ~~305~~-786 3747220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #