


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90012 026 ****61.25

DOCUMENT # N04000004827					
1. Entity Name COMISION CUBANA-AMERICANA POR DERECHOS FAMILIARES, INC.					
Principal Place of Business 2601 S BAYSHORE DR - STE 1400 MIAMI, FL 33133			Mailing Address 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		4. FEI Number 83-0399910	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCELL, NILDA 2601 S BAYSHORE DR - STE 1400 MIAMI, FL 33133				7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/>		\$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	PD		TITLE		
NAME	ALVARO, FERNANDEZ		NAME		
STREET ADDRESS	2555 COLLINS AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	VPD		TITLE		
NAME	WILHELM, SYLVIA		NAME		
STREET ADDRESS	1925 BRICKELL AVE, TH 17		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP		
TITLE	VPD		TITLE		
NAME	CASTRO, MAX		NAME		
STREET ADDRESS	1762 SW 16TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP		
TITLE	STD		TITLE		
NAME	MANZOR, LILLIAN		NAME		
STREET ADDRESS	5185 POND DE LEON 136		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Sylvia Wilhelm</i>			SYLVIA WILHELM, V-P.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2-16-06 Daytime Phone #: 305 858-4002		