

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90025 013 \*\*\*\*61.25

<b>DOCUMENT # N04000004827</b>					
<b>1. Entity Name</b> COMISION CUBANA-AMERICANA POR DERECHOS FAMILIARES, INC.					
<b>Principal Place of Business</b> 2601 S BAYSHORE DR - STE 1400 MIAMI, FL 33133			<b>Mailing Address</b> 2601 S BAYSHORE DR - STE 1400 MIAMI, FL 33133		
<b>2. Principal Place of Business - No P.O. Box #</b> 1925 BRICKELL AVE Suite, Apt. #, etc. TH 17 City & State MIAMI FL Zip 33129 Country USA		<b>3. Mailing Address</b> P.O. Box 332017 Suite, Apt. #, etc. City & State MIAMI FL Zip 33233 Country			
<b>4. FEI Number</b> 83-0399910				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GARCEN WILDA 2601 S BAYSHORE DR - STE 1400 MIAMI, FL 33133			<b>7. Name and Address of New Registered Agent</b> Name: SILVIA WILHELM Street Address (P.O. Box Number is Not Acceptable) 1925 BRICKELL AVE., TH 17 City MIAMI FL Zip Code 33129		
<b>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.</b>					
(SIGNATURE)  SILVIA WILHELM <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (DATE)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> ALVARO, FERNANDEZ 2555 COLLINS AVE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD</b> WILHELM, SYLVIA 1925 BRICKELL AVE, TH 17 MIAMI, FL 33129 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD</b> CASTRO, MAX 1762 SW 16TH STREET MIAMI, FL 33145 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>STD</b> MANZOR, LILLIAN 5185 PONCE DE LEON 136 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> SILVIA WILHELM V-PRES. 2/14/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					