2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N04000004827

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

Current Principal Place of Business:

1925 BRICKELL AVE
TH17
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 330017
MIAMI, FL 33233

New Mailing Address:

1925 BRICKELL AVE
TH17
MIAMI, FL 33129

FEI Number: 83-0399910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILHELM, SILVIA
1925 BRICKELL AVE., TH 17
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALVARO, FERNANDEZ
Address: 2555 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD ( ) Delete
Name: WILHELM, SYLVIA
Address: 1925 BRICKELL AVE, TH 17
City-St-Zip: MIAMI, FL 33129

Title: VPD ( ) Delete
Name: CASTRO, MAX
Address: 1762 SW 16TH STREET
City-St-Zip: MIAMI, FL 33145

Title: STD ( ) Delete
Name: MANZOR, LILLIAN
Address: 5185 PONCE DE LEON 136
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIA WILHELM MS 03/26/2009

Electronic Signature of Signing Officer or Director — Date