


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000006434</b> 1. Entity Name <b>CUBAN PATRIOTIC AGRUPATION MAJOR GENERAL CALIXTO GARCIA, INC.</b>	
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Principal Place of Business <b>200 SW 30 ROAD MIAMI, FL 33129</b>	Mailing Address <b>200 SW 30 ROAD MIAMI, FL 33129</b>
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04212006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>55-0882373</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SUAREZ-BURGOS, MARCO A DR 200 SW 30 ROAD MIAMI, FL 33129</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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05/06/06-80037-019 61 25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODRIGUEZ, ARAGON R 935 SW 24 ROAD MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OCHUA, EMILIO 3300 S DIXIE HWY, APT 59 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUTIERREZ, JOSE R 1701 COUNTRY CLUB PRADO CORAL GABLE, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS SUAREZ-BURGOS, MARCO A 200 SW 30 ROAD MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** MARCO A. Suarez-Burgos - Treasurer *Secretary* 4-21-06 305-858-1979  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #