

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007420

FILED
Apr 15, 2009
Secretary of State

Entity Name: MISS CUBAN AMERICAN U.S.A. AND MISS TEEN CUBAN AMERICAN U.S.A., INC.

Current Principal Place of Business:

12239 SW 14TH LANE
APT. 3110
MIAMI, FL 33184

New Principal Place of Business:

Current Mailing Address:

12239 SW 14TH LANE
APT. 3110
MIAMI, FL 33184

New Mailing Address:

FEI Number: 11-3793062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIELENA, PRINCIGALLI
7365 S W 8 STREET
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

JOSELYN, GARCIA D
12239 SW 14 LANE
SUITE 3110
MIAMI, FL 33184 US

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: JOSELYN GARCIA

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRINCIGALLI, MARIO
Address: 12239 SW 14TH LANE, APT 3110
City-St-Zip: MIAMI, FL 33184

Title: VD () Delete
Name: PRINCIGALLI, GLORIA E
Address: 12239SW 14 LN # 3110
City-St-Zip: MIAMI, FL 33184

Title: D () Delete
Name: PEREZ, ERICK
Address: 1800 NW 24 AVE
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: ALONSO, RAMON
Address: 903 SW 1 ST.
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: LIMA, TANIA
Address: 2301 SW 11 ST
City-St-Zip: MIAMI, FL 33125

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:

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: MARIO PRINCIGALLI

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date