


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N04473 1. Entity Name CUBAN MEDICAL ASSOCIATION OVERSEAS, INC. |  |
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| Principal Place of Business 717 PONCE DE LEON BLVD STE 217 CORAL GABLES, FL 33134 US | Mailing Address P O BOX 141016 P O BOX 141016 CORAL GABLES, FL 33114-1016 US |
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02052007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|---------------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent HUERTAS, ENRIQUE MD 717 PONCE DE LEON BLVD STE 217 MIAMI, FL 33134 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

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

DATE
000000720586
05/01/07-80112-005 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HUERTAS, ENRIQUE 717 PONCE DE LEON BLVD MIAMI, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FONSECA, DENIO O 717 PONCE DE LEON BLVD MIAMI, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MARCELINO, FEAL 410 SW-27 RD MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BAEZ, RAMON 1811 COLUMBUS AVE CORAL GABLES, FL |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Enrique Huertas
ENRIQUE HUERTAS 04/17/07 305-446-9902