


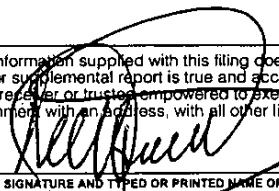
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90002 022 ****70.00

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DOCUMENT # N05000002569					
1. Entity Name CONSEJO PRESIDIO POLITICO CUBANO, INC.					
Principal Place of Business C/O PEDRO J. FUENTES-CID 2650 BISCAYNE BOULEVARD MIAMI, FL 33137			Mailing Address C/O PEDRO J. FUENTES-CID 2650 BISCAYNE BOULEVARD MIAMI, FL 33137		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip		Country	
4. FEI Number 20-4846009				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FUENTES-CID, PEDRO J 2650 BISCAYNE BOULEVARD MIAMI, FL 33137			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete			
NAME	AQUIT, SIXTO REYNALDO				
STREET ADDRESS	2650 BISCAYNE BOULEVARD				
CITY-ST-ZIP	MIAMI, FL 33137				
TITLE	D	<input type="checkbox"/> Delete			
NAME	FUENTES-CID, PEDRO J				
STREET ADDRESS	2650 BISCAYNE BOULEVARD				
CITY-ST-ZIP	MIAMI, FL 33137				
TITLE	D	<input type="checkbox"/> Delete			
NAME	CUADRA, ANGEL				
STREET ADDRESS	2650 BISCAYNE BOULEVARD				
CITY-ST-ZIP	MIAMI, FL 33137				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: 		Date: 5/27/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 305-2297124			