

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90416 001 \*\*\*\*61.25

**DOCUMENT # N05000004881**

1. Entity Name  
**GRUPO INTERNACIONAL PARA LA RESPONSABILIDAD SOCIAL CORPORATIVA EN CUBA, INC.**



Principal Place of Business  
 8500 SW 8TH STREET  
 SUITE 266  
 MIAMI, FL 33144

Mailing Address  
 8500 SW 8TH STREET  
 SUITE 266  
 MIAMI, FL 33144

40076550



2. Principal Place of Business  
*1000 Ponce de Leon Blvd*  
 Suite, Apt. #, etc.  
*316*

3. Mailing Address  
*1000 Ponce de Leon Blvd*  
 Suite, Apt. #, etc.  
*316*

04252006 Chg-NP CR2E037 (11/05)

City & State  
*CORAL GABLES, FL*

City & State  
*CORAL GABLES*

Zip  
*33134* Country  
*USA*

Zip  
*33134* Country  
*USA*

4. FEI Number  
*651251169*

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATE CREATIONS NETWORK INC.**  
 11380 PROSPERITY FARMS RD. #221E  
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent  
 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 *Joel Brito PD* *04/25/06*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRITO, JOEL 10897 NW 7TH STREET, UNIT 21 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENEMELIS, JUAN 8751 SW 54TH STREET MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CABRERA, ANIBAL 1 SW 69TH AVENUE MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAYAS, GINA 1900 SW 82ND PLACE MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILBAO, TOMAS 611 PENNSYLVANIA AVE., SE, #208 WASHINGTON, DC 20003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joel Brito PD* *04/25/06* *(305) 442-0677*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #