


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000004881

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



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| Principal Place of Business 8500 SW 8 STREET SUITE 266 MIAMI, FL 33144 | Mailing Address 8500 SW 8 STREET SUITE 266 MIAMI, FL 33144 |
|--|--|

DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 65-1251169 | Applied For <input type="checkbox"/> 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**

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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 _____ DATE _____
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, 2008**

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRITO, JOEL 8500 SW 8 STREET SUITE 266 MIAMI, FL 33144 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D QUINTELA, NIVIA 8500 SW 8 STREET SUITE 266 MIAMI, FL 33144 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CABRERA, ANIBAL 8500 SW 8 STREET SUITE 266 MIAMI, FL 33144 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OSORIA, ANDRES 8500 SW 8 STREET, SUITE 266 MIAMI, FL 33144 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COLLADO, JOSE "PEPE" 8500 SW 8 STREET, SUITE 266 MIAMI, FL 33144 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 01/18/08-80037-017 61.25

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** **01/15/08** **(305)261-9591**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #