


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N05000005373</b> 1. Entity Name <b>CONSEJO NACIONAL DEL PRESIDIO POLITICO CUBANO, INC.</b>		  <div style="text-align: right;"> <b>FILED</b>  <b>07 AUG 16 AM 7:36</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>13975 S.W. 9TH STREET</b> <b>MIAMI, FL 33184</b>		Mailing Address <b>13975 S.W. 9TH STREET</b> <b>MIAMI, FL 33184</b>	
2. Principal Place of Business - No P.O. Box # <b>5900 Collins Ave.</b> Suite, Apt. #, etc. <b>Apt. # 503</b> City & State <b>Miami Beach, Fl.</b> Zip <b>33140</b>		3. Mailing Address <b>5900 Collins Ave.</b> Suite, Apt. #, etc. <b>Apt. # 503</b> City & State <b>Miami Beach, Fl.</b> Zip <b>33140</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
6. Name and Address of Current Registered Agent  <b>MORALES, NELIS ROJAS</b> <b>5900 COLLINS AVENUE</b> <b>APT 503</b> <b>MIAMI BEACH, FL 33140</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"> <b>FL</b>      Zip Code         </div>	
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: <u><i>Nelis P. Morales</i></u> DATE: <u>08-12-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$297.50</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELIS, ROJAS-MORALES	NAME	
STREET ADDRESS	5900 COLLINS AVENUE APT 503	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33184	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERVILIO, GOMEZ	NAME	<i>Reinaldo Rodriguez</i>
STREET ADDRESS	5900 COLLINS AVENUE APT 503	STREET ADDRESS	<i>14555 Osbornest. Apt. 513</i>
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP	<i>Panorama City, CA 91402</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULIO, FLORES	NAME	<i>Julio Flores</i>
STREET ADDRESS	5900 COLLINS AVENUE APT 503	STREET ADDRESS	<i>408 - 43rd St.</i>
CITY-ST-ZIP	MIAMI, FL 33331	CITY-ST-ZIP	<i>Union City N.J. 07087</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIXO, JIMENEZ	NAME	<i>Ciro Jimenez</i>
STREET ADDRESS	3931 4TH AVENUE, S.E.	STREET ADDRESS	<i>3931 4th Ave. S.E.</i>
CITY-ST-ZIP	NAPLES, FL 33331	CITY-ST-ZIP	<i>Naples, Fl. 33331</i>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA MARTINEZ, FRANCISCO	NAME	
STREET ADDRESS	6602 SW 24TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u><i>Nelis P. Morales</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>08-12-07</u> Daytime Phone #: <u>305-961-2985</u>	



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