2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yester 5

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # N05000011426 04-25-2007 90193 038 ****61.25 CUBAN CHILDREN FUND, INC. Principal Place of Business Mailing Address 2525 FIRST AVE. SOUTH P. O. BOX 67184 ST. PETERSBURG, FL 33712 ST. PETERSBURG BCH, FL 33736 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 0967 Granda Vista Suite, Apt. #, etc Suite, Apt. #, etc. 04132007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 20-3903349 so.Pasa Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NIESET, JAMES R 6740-D CROSSWINDS DR. NORTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG, FL 33710 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 Signature, typed of printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE 🔀 Delete ☐ Change ☐ Addition ANDREWS ARNOLD NAME NAME 5017 W. HOMER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 CITY-ST-ZIP VD TITLE ☐ Delete TITI F KI Change ☐ Addition FOSTER, EDWARD J JR. NAME roster. STREET ADDRESS 6967 GRANDE VISTA WAY STREET ADDRESS 6967 Qira CITY-ST-ZIP SOUTH PASADENA, FL 33707 CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition HERNANDEZ, RAMON NAME NAME 5820 N. CHURCH AVE., #317 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition | NAME NAME rallo Kellu STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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