


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000004061	
1. Entity Name PARTIDO REVOLUCIONARIO CUBANO CORPORATION	

Principal Place of Business 930 SW 68 CT MIAMI, FL 33144	Mailing Address 930 SW 68 CT MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



03152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 26-1073394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MANRIQUE, REINALDO A
1667 SW 136 PL
MIAMI, FL 33175

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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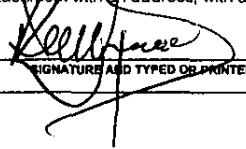
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANRIQUE, REINALDO A 1667 SW 136 PL MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, JORGE 930 SW 68 CT MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLANES, RENAN 7203 LLOCHNESS DR MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTEVEZ, ARTURO 535 1 NW 174 DR OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000923141
05/16/08-80019-001 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:  **REINALDO AQUIT** **4/20/8** **305-222-1182**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #