2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004061

FILED Feb 10, 2009 Secretary of State

Entity Name: PARTIDO REVOLUCIONARIO CUBANO CORPORATION

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
930 SW 68 MIAMI, FL				
Current Mailing Address:		New Mailing Address:		
930 SW 68 MIAMI, FL				
FEI Number	: 26-1073394	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
MANRIQU 1667 SW [.] MIAMI, FL		Ą		
				and office or registered agent, or both
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office of registered agent, or both,
	e of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office of registered agent, or both,
in the State	e of Florida. RE:	ubmits this statement for the posterior control of Registered Ago		Date
in the State	e of Florida. RE:	c Signature of Registered Age	ent	
in the State	e of Florida. RE: Electroni S AND DIRECT	c Signature of Registered Age F ORS: Delete NALDO A L	ent	Date
in the State SIGNATUI OFFICER: Title: Name: Address:	e of Florida. RE: Electroni S AND DIRECT D () MANRIQUE, RE 1667 SW 136 P MIAMI, FL 3317	c Signature of Registered Age FORS: Delete NALDO A L 5 Delete E	ent ADDITIONS/CHANC Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS
in the State SIGNATUI OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electroni S AND DIRECT D () MANRIQUE, REI 1667 SW 136 P MIAMI, FL 3317 D () VALDES, JORG 930 SW 68 CT MIAMI, FL 3314	c Signature of Registered Age FORS: Delete NALDO A L 5 Delete E 4 Delete N SS DR	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE VALDES DIR 02/10/2009