

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90060 042 ****61.25

DOCUMENT # N06000005512 1. Entity Name FOUNDATION FOR THE NORMALIZATION OF US/CUBA RELATIONS, INC.					
Principal Place of Business 201 SOUTH BISCAYNE BLVD STE 2500 MIAMI, FL 33131			Mailing Address 201 SOUTH BISCAYNE BLVD STE 2500 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 348218			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State CORAL GABLES, FL		4. FEI Number 204976028	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33234		USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ZAMORA, ANTONIO 201 SOUTH BISCAYNE BLVD STE 2500 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL 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>[Signature]</i></u> ISIDRO BORJA SECRETARY 4/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMAGUER-LEVY, XIOMARA 2127 NBRICKELL AVENUE #2504 MIAMI, FL 33129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORJA, ISIDRO 7250 NE 4 AVENUE MIAMI, FL 33138	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABELLO, MARIO 9002 SW 97TH AVENUE MIAMI, FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, AMAURY 1688 WEST AVE APT 102 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREYRE, ELENA 2025 BRIKELL AVENUE #901 MIAMI, FL 33129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALO, LORENZO 17600 N BAY ROAD N-706 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete			
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.			4/13/07		
SIGNATURE: <u><i>[Signature]</i></u>			Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					