

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005512

FILED
Apr 29, 2009
Secretary of State

Entity Name: FOUNDATION FOR THE NORMALIZATION OF US/CUBA RELATIONS, INC.

Current Principal Place of Business:

201 SOUTH BISCAYNE BLVD STE 2500
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 348218
MIAMI, FL 33234

New Mailing Address:

FEI Number: 20-4976028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMORA, ANTONIO
201 SOUTH BISCAYNE BLVD STE 2500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALMAGUER-LEVY, XIOMARA
Address: 1581 BRICKELL AVENUE #1803
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: BORJA, ISIDRO
Address: 7250 NE 4 AVENUE
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: CABELLO, MARIO
Address: 9002 SW 97TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: CRUZ, AMAURY
Address: 1688 WEST AVE APT 102
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: FREYRE, ELENA
Address: 2703 DAY AVENUE #3
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: GONZALO, LORENZO
Address: 17600 N BAY ROAD N-706
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELENA R FREYRE

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date