

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000011598

FILED
Jun 06, 2008
Secretary of State

Entity Name: PATRONATOS PRO RECONSTRUCCION Y AYUDA DE EMERGENCIA EN UNA CUBA LIBRE, INC.

Current Principal Place of Business:

2252 SW 105 CT
MIAMI, FL 33165

New Principal Place of Business:

4610 N.W. 7TH. STREET
MIAMI, FL 33126

Current Mailing Address:

2252 SW 105 CT
MIAMI, FL 33165

New Mailing Address:

4610 N.W. 7TH. STREET
MIAMI, FL 33126

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

QUIROS, MIRIAM E
444 SW 64 CT
MIAMI, FL 33144 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: MIRIAM E. QUIROS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ENCINOSA, PEDRO B
Address: 2252 SW 105 CT
City-St-Zip: MIAMI, FL 33165

Title: VP/S () Delete
Name: QUIROS, MIRIAM E
Address: 444 SW 64 CT
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: DIAZ, SILVIA
Address: 1341 SW 74 AVE
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: DOMINGUEZ, ARMANDO
Address: 306 SW 95 PL
City-St-Zip: MIAMI, FL 33174

Title: D () Delete
Name: REGO, EMMA
Address: 1774 SW 11 ST
City-St-Zip: MIAMI, FL 33135

Title: D (X) Delete
Name: CAPO, MORAVIA
Address: 925 SW 37 AVENUE APT # 106
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: ALZUGARAY, MANUEL A MD
Address: 2340 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: S (X) Change () Addition
Name: QUIROS, MIRIAM E
Address: 444 SW 64TH. COURT
City-St-Zip: MIAMI, FL 33144

Title: D (X) Change () Addition
Name: ECHEVARRIA, MARIO L
Address: 399 GOLDEN BEACH DRIVE
City-St-Zip: GOLDEN BEACH, FL 33160

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: MARIO L. ECHEVARRIA

D

06/06/2008

Electronic Signature of Signing Officer or Director

Date