2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011598

FILED Apr 27, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 4610 N.W. 7TH. STREET MIAMI, FL 33126 **Current Mailing Address: 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 () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: QUIROS, MIRIAM E 444 SW 64 CT US MIAMI, FL 33144 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ENCINOSA, PEDRO B Name: Name: 2252 SW 105 CT Address: Address: City-St-Zip: MIAMI, FL 33165 City-St-Zip: Title: () Delete Title: () Change () Addition ALZUGARAY, MANUEL A MD Name: Name: Address: 2340 CORAL WAY Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: Title: () Delete Title: (X) Change () Addition QUIROS, MIRIAM E HERRERA, JESUS Name: Name: 444 SW 64TH, COURT Address: Address: 571 NE 64TH, STREET City-St-Zip: MIAMI, FL 33144 City-St-Zip: MIAMI, FL 33138 Title: () Delete Title: (X) Change () Addition ECHEVARRIA, MARIO L Name: Name: BRITO, JOSE M 399 GOLDEN BEACH DRIVE 5033 NW 7TH STREET # 206 Address: Address: City-St-Zip: GOLDEN BEACH, FL 33160 City-St-Zip: MIAMI, FL 33126 Title: () Delete Title: (X) Change () Addition REGO, EMMA ECHEVARRIA, MARIO L Name: Name: 1774 SW 11 ST 399 GOLDEN BEACH DRIVE Address: Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip: GOLDEN BEACH, FL 33160 Title: () Delete Title: () Change (X) Addition PENARANDA, PEDRO M Name: Name: Address: Address: 2800 SW 117TH COURT MIAMI, FL 33175 City-St-Zip: 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: DR. MANUEL ALZUGARAY VP 04/27/2009