

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90261 036 \*\*\*\*61.25

**DOCUMENT # N09475**

1. Entity Name  
**SOCIEDAD CUBANA DE ORLANDO, INC.**



Principal Place of Business  
**5088 HOFFNER AVE  
PO BOX 593281  
ORLANDO, FL 32859-0281**

Mailing Address  
**5088 HOFFNER AVE  
PO BOX 593281  
ORLANDO, FL 32859-0281**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2612382**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOMEZ, TONY  
5088 HOFFNER AVE  
ORLANDO, FL 32859-0281**

Name **SILVIO ORTEGA**

Street Address (P.O. Box Number is Not Acceptable)

**1677 BELAIR AVE**

City **ORLANDO**

**FL**

Zip Code **32812**

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

**SILVIO ORTEGA President**

*[Signature]*

**01/08/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ORTEGA, SILVIO	
STREET ADDRESS	5088 HOFFNER AVE	
CITY-ST-ZIP	ORLANDO, FL 32859	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ARMAS, ADELITA	
STREET ADDRESS	5088 HOFFNER AVE	
CITY-ST-ZIP	ORLANDO, FL 32859	
TITLE	SC	<input type="checkbox"/> Delete
NAME	LIMA, ELSA	
STREET ADDRESS	5088 HOFFNER AVE	
CITY-ST-ZIP	ORLANDO, FL 32859	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CALLAO, MARTIN	
STREET ADDRESS	5088 HOFFNER AVE	
CITY-ST-ZIP	ORLANDO, FL 32859	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	ALEJO, JOSE	
STREET ADDRESS	5088 HOFFNER AVE	
CITY-ST-ZIP	ORLANDO, FL 32859	
TITLE	TRES	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, TONY	
STREET ADDRESS	5088 HOFFNER AVE	
CITY-ST-ZIP	ORLANDO, FL 32859	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AURELIANO BLAZQUEZ	
STREET ADDRESS	5088 HOFFNER AVE	
CITY-ST-ZIP	ORLANDO, FL 32859	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEJO JOSE	
STREET ADDRESS	5088 HOFFNER AVE	
CITY-ST-ZIP	ORLANDO, FL 32859	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLIS MANUEL	
STREET ADDRESS	5088 HOFFNER AVE	
CITY-ST-ZIP	ORLANDO, FL 32859	

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.