

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90034 046 \*\*\*\*\*75.00

**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

1st MOORE

CR2E037 (10/07)

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

SILVIO, ORTEGA  
1677 BELAIR AVE  
ORLANDO FL 32812

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature must be used when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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          | VP                  | <input checked="" type="checkbox"/> Delete |
| NAME           | AURELIANO, BLAZQUEZ |                                            |
| STREET ADDRESS | 5088 HOFFNER AVE    |                                            |
| CITY-STATE-ZIP | ORLANDO FL 32859    |                                            |
| TITLE          | VP                  | <input checked="" type="checkbox"/> Delete |
| NAME           | ARMAS, ADELITA      |                                            |
| STREET ADDRESS | 5088 HOFFNER AVE    |                                            |
| CITY-STATE-ZIP | ORLANDO FL 32859    |                                            |
| TITLE          | SC                  | <input checked="" type="checkbox"/> Delete |
| NAME           | LIMA, ELSA          |                                            |
| STREET ADDRESS | 5088 HOFFNER AVE    |                                            |
| CITY-STATE-ZIP | ORLANDO FL 32859    |                                            |
| TITLE          | VS                  | <input type="checkbox"/> Delete            |
| NAME           | CALLAO, MARTIN      |                                            |
| STREET ADDRESS | 5088 HOFFNER AVE    |                                            |
| CITY-STATE-ZIP | ORLANDO FL 32859    |                                            |
| TITLE          | T                   | <input type="checkbox"/> Delete            |
| NAME           | ALEJO, JOSE         |                                            |
| STREET ADDRESS | 5088 HOFFNER AVE    |                                            |
| CITY-STATE-ZIP | ORLANDO FL 32859    |                                            |
| TITLE          | TRES                | <input checked="" type="checkbox"/> Delete |
| NAME           | SOLIS, MANUEL       |                                            |
| STREET ADDRESS | 5088 HOFFNER AVENUE |                                            |
| CITY-STATE-ZIP | ORLANDO FL 32859    |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | P                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SILVIO ORTEGA           |                                                                              |
| STREET ADDRESS | 1677 BEL AIR AVENUE     |                                                                              |
| CITY-STATE-ZIP | ORLANDO, FL 32812       |                                                                              |
| TITLE          | VP                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | FERNANDO SIKES          |                                                                              |
| STREET ADDRESS | 3339 STONEWOOD COURT    |                                                                              |
| CITY-STATE-ZIP | ORLANDO, FL 32806       |                                                                              |
| TITLE          | S                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BARBARA MELCON          |                                                                              |
| STREET ADDRESS | 228 E FILMORE AVENUE    |                                                                              |
| CITY-STATE-ZIP | ORLANDO, FL 32809       |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-STATE-ZIP |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-STATE-ZIP |                         |                                                                              |
| TITLE          | VT                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | AURELIANO BLAZQUEZ      |                                                                              |
| STREET ADDRESS | 2351 MONACO COVE CIRCLE |                                                                              |
| CITY-STATE-ZIP | ORLANDO, FL 32825       |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

*Silvio Ortega*

President

01/26/08 (4/07) 716-4618