


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90001 014 \*\*\*\*70.00

<b>DOCUMENT # N10411</b> 1. Entity Name <b>ASAMBLEA PROVINCIAL DE LA HABANA EN EL EXILIO, INC.</b>					
Principal Place of Business <b>3503 SW 6TH ST. MIAMI, FL 33135</b>			Mailing Address <b>3503 SW 6TH ST. MIAMI, FL 33135 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2566367</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GOMEZ, ROBERTO PEREDA 3503 SW 6TH ST MIAMI, FL 33135</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARDO, JUAN A		NAME	NARDO, JUAN A.	
STREET ADDRESS	911 VENETIAN AVE		STREET ADDRESS	911 VENETIAN AVE.	
CITY - ST - ZIP	CORAL GABLES, FL 33134		CITY - ST - ZIP	CORAL GABLES, FL 33134	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRITO, JOSE M		NAME		
STREET ADDRESS	5033 N.W. 7TH ST #206		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33126		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREDA GOMEZ, ROBERTO		NAME		
STREET ADDRESS	35033 SW 6TH ST.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33135		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, IVAN		NAME		
STREET ADDRESS	10300 SW 24TH ST., APT. D-31		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33165		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HURTADO, NELY		NAME		
STREET ADDRESS	290 E 39TH ST.		STREET ADDRESS		
CITY - ST - ZIP	HIALEAH, FL 33013		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, SIMON A		NAME	SANCHEZ, SIMON A	
STREET ADDRESS	4634 SW 10TH ST.		STREET ADDRESS	4634 SW 10TH ST.	
CITY - ST - ZIP	MIAMI, FL 33134		CITY - ST - ZIP	MIAMI, FL 33125	
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.					
<b>SIGNATURE: <i>Ivan E. Hernandez</i> IVAN E. HERNANDEZ, TREASURER, 02-27-2006=305,441-9085</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					