


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90151 050 \*\*\*\*70.00

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # N12817</b><br>1. Entity Name<br><b>THE CUBAN AMERICAN BAR FOUNDATION, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>25 W. FLAGLER STREET, 800<br/>MIAMI, FL 33130</b>   |  |   | Mailing Address<br><b>25 W. FLAGLER STREET, 800<br/>MIAMI, FL 33130</b>  |  |  |
| 2. Principal Place of Business<br><b>100 SE 2nd STREET</b>  |  | 3. Mailing Address<br><b>100 SE 2nd STREET</b>                                      |  |  |  |
| Suite, Apt. #, etc.<br><b>Suite 2800</b>  |  | Suite, Apt. #, etc.<br><b>Suite 2800</b>  |  |  |  |
| City & State<br><b>Miami, Florida</b>   |  | City & State<br><b>Miami, Florida</b>   |  |  |  |
| Zip<br><b>33131</b>   |  | Country<br><b>USA</b>   |  | 4. FEI Number<br><b>65-0007784</b>   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  | Applied For<br>Not Applicable   |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DIAZ, VICTOR<br/>25 WEST FLAGLER STREET, SUITE 800<br/>MIAMI, FL 33130</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Antonio C. Castro</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>100 SE 2nd STREET, Suite 2800</b><br>City <b>Miami</b> FL Zip Code <b>33131</b> |  |  |
| 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.<br><br>SIGNATURE <u><b>Antonio C. Castro</b></u> <i>Antonio C. Castro</i> <b>2/11/05</b><br><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<br/>Due by May 1, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |  |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>DIAZ, VICTOR JR<br>25 W. FLAGLER ST, 800<br>MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ABADIN, RAMON A<br>9155 S. DADELAND BLVD.#1208<br>MIAMI, FL 33156 <input type="checkbox"/> Delete                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>Abadin, Ramon<br>100 SE 2nd Street, Suite 2800<br>Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LOPEZ-CASTRO, CORI<br>100 SE 2ND STREET 17TH FLOOR<br>MIAMI, FL 33131 <input type="checkbox"/> Delete             |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Lopez-Castro, Cori<br>100 SE 2nd Street, Suite 2800<br>Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>CASTRO, ANTONIO<br>100 SE 2ND STREET, SUITE 2800<br>MIAMI, FL 33131 <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HERNANDEZ, ELIZABETH<br>201 S. BISCAYNE BLVD. #1450<br>MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>REYES, YVETTE<br>25 WEST FLAGLER STREET, #800<br>MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Antonio C. Castro</u></b> <i>Antonio C. Castro</i> <b>2/11/05</b> <b>305-357-8417</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |  |  |  |