

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28050

FILED
Feb 16, 2005
Secretary of State

Entity Name: CENTRO HISTORICO CULTURAL CUBANO, INC.

Current Principal Place of Business:

13902 DENNELL LANE (33624)
P. O. BOX 151866
TAMPA, FL 336841866 US

New Principal Place of Business:

13902 DENELL LANE
TAMPA, FL 336243401 US

Current Mailing Address:

13902 DENNELL LANE (33624)
P.O. BOX 151866
TAMPA, FL 336841866 US

New Mailing Address:

P.O. BOX 151866
TAMPA, FL 336841866 US

FEI Number: 59-2909989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RODRIGUEZ, ORLANDO P.
13902 DENELL LANE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: RODRIGUEZ, ORLANDO P, .
Address: 13902 DENELL LANE
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: GOMEZ, REMEMBER MACE, O
Address: 14909 AIRE PL.
City-St-Zip: TAMPA, FL

Title: TD () Delete
Name: CARMONA, ADA G.,
Address: 3105 W. IDLEWILD
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GOMEZ, REMEMBER MACE, O
Address: 14909 AIRE PL.
City-St-Zip: TAMPA, FL 33624 US

Title: TD (X) Change () Addition
Name: CARMONA, ADA G.,
Address: 3105 W. IDLEWILD AVE.
City-St-Zip: TAMPA, FL 33614 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ORLANDO P. RODRIGUEZ

PD

02/16/2005

Electronic Signature of Signing Officer or Director

Date