

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30219

FILED  
Feb 05, 2005  
Secretary of State

**Entity Name:** CENTRO DE LA DEMOCRACIA CUBANA, INC.

**Current Principal Place of Business:**

2801 PONCE DE LEON  
410  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2801 PONCE DE LEON  
410  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 65-0106642      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERNANDEZ, LINO B  
2801 PONCE DE LEON, STE 410  
CORAL GABLES, FL 33134 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: D ( ) Delete  
Name: SALVADOR, SUBIRA  
Address: 4800 N W 6TH STREET  
City-St-Zip: MIAMI, FL 33126

Title: DP ( ) Delete  
Name: FERNANDEZ, LINO B  
Address: 8261 NW 64 ST  
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete  
Name: CABRERA, VIDAL  
Address: 13791 SW 20TH ST.  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: LINO B. FERNANDEZ

DP

02/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date