

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41280

FILED
Apr 16, 2009
Secretary of State

Entity Name: CUBAN PILOTS ASSOCIATION, INC.

Current Principal Place of Business:

11253 NW 59 TERRACE
DORAL, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

11253 NW 59 TERRACE
DORAL, FL 33178 US

New Mailing Address:

FEI Number: 65-0252859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANTILLO, AMADO
11253 NW 59TH TERR
MIAMI, FL 33178 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: VS () Delete
Name: PENTON, MIGUEL
Address: 3202 SW 153 RD PL.
City-St-Zip: MIAMI, FL 33185

Title: VPD () Delete
Name: ALEXZANDER, WILLIAM
Address: 13601 SW 103RD AVE
City-St-Zip: MIAMI, FL 33158

Title: DV () Delete
Name: SIMKOVITZ, LEONARDO
Address: 8885 SW 78 COURT
City-St-Zip: MIAMI, FL 33156

Title: SD () Delete
Name: CANTILLO, JUAN J
Address: 11253 NW 59 TERRACE
City-St-Zip: DORAL, FL 33178

Title: T () Delete
Name: GARCIA, ROBERTO
Address: 1270 W. 60TH TERR
City-St-Zip: HIALEAH, FL 33012

Title: VT () Delete
Name: GONZALEZ, MARIO
Address: 1135 VENEZIAN AVE.
City-St-Zip: CORAL GABLES, FL 33134

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:

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

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

Title: VT (X) Change () Addition
Name: GONZALEZ, MARIO
Address: 1135 VALENCIA AVE.
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AMADO CANTILLO

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date