

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45110

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: CUBAN-AMERICAN VETERANS ASSOCIATION-CAVA, INC.

**Current Principal Place of Business:**

P.O. BOX 140305  
CORAL GABLES, FL 331140305

**New Principal Place of Business:**

2500 NW 79 AVE  
SUITE #208  
MIAMI, FL 33122

**Current Mailing Address:**

P.O. BOX 140305  
CORAL GABLES, FL 331140305

**New Mailing Address:**

FEI Number: 65-0291702      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PENELA, FRANCISCO  
7400 SW 34 ST RD.  
MIAMI, FL 33155 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: MARTORY, JOSEPH J  
Address: 3521 SW 88 CT  
City-St-Zip: MIAMI, FL 33165

Title: VD ( ) Delete  
Name: GARCIA, ANDRES  
Address: 4297 SW 149 CT  
City-St-Zip: MIAMI, FL 33135

Title: SD ( ) Delete  
Name: CRESPO, RAFAEL  
Address: 6205 SW 131CT. #263  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: PENELA, FRANCISCO  
Address: 7400 SW 34 STREET ROAD  
City-St-Zip: MIAMI, FL 33155

Title: TD (X) Delete  
Name: CARROCERA, JUAN  
Address: 750 NW 43RD APT 104  
City-St-Zip: MIAMI, FL 33126

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

Title: PD (X) Change ( ) Addition  
Name: CRESPO, RAFAEL  
Address: 6205 SW 131 CT  
City-St-Zip: MIAMI, FL

Title: VD (X) Change ( ) Addition  
Name: MARTORY, JOSEPH  
Address: 3521 SW 88 CT  
City-St-Zip: MIAMI, FL 33165

Title: SD (X) Change ( ) Addition  
Name: GARCIA, ANDRES  
Address: 4297 SW 149 CT  
City-St-Zip: MIAMI, FL 33135

Title: TD (X) Change ( ) Addition  
Name: PENELA, FRANCISCO  
Address: 7400 SW 34 STREET ROAD  
City-St-Zip: MIAMI, FL 33155

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 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: FRANCISCO PENELA

TD

01/10/2007

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

\_\_\_\_\_  
Date