2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45110

FILED Mar 05, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2500 NW 79 AVE **SUITE #208** MIAMI, FL 33122 **Current Mailing Address: New Mailing Address:** P.O. BOX 140305 CORAL GABLES, FL 331140305 FEI Number: 65-0291702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PENELA, FRANCISCO 7400 SW 34 ST RD. MIAMI, FL 33155 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CRESPO, RAFAEL CRESPO, RAFAEL G PD/DIR Name: Name: 6205 SW 131 CT Address: 6205 SW 131 CT Address: City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL Title: VD Title: (X) Change () Addition () Delete MARTORY, JOSEPH Name: MARTORY, JOSEPH DIR. Name: Address: 3521 SW 88 CT Address: 3521 SW 88 CT City-St-Zip: MIAMI, FL 33165 City-St-Zip: MIAMI, FL 33165 Title: () Delete Title: (X) Change () Addition GARCIA, ANDRES GARCIA, ANDRES F SEC/DIR Name: Name: 4297 SW 149 CT 4297 SW 149 CT Address: Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip: MIAMI, FL 33135 Title: TD () Delete Title: () Change () Addition PENELA, FRANCISCO Name: Name: 7400 SW 34 STREET ROAD Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: Title: () Delete Title: V P () Change (X) Addition CARROCERA, JUAN V.P/DIR Name: Name: 750 N.W. 43RD AVENUE # 104 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33126

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: RAFAEL G. CRESPO PD 03/05/2008