2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2004 8:00 am DOCUMENT # N92000000551 **Secretary of State** 1. Entity Name 02-09-2004 90051 043 ****61.25 CUBAN AMERICAN DEFENSE LEAGUE, INC. Principal Place of Business Mailing Address 142-B BEACON BLVD MIAMI BEACH FL 33140 142-B BEACON BLVD MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0384266 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALMAGUAR-LEVY, XIOMARA Street Address (P.O. Box Number is Not Acceptable) 100 BEACOM BLVD **MIAMI FL 33135** City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Chairman TITLE ☐ Delete TITLE Change . ☐ Addition Eddie B. Levila Ph.K. 5055 Collins Ang Ph.K. Hiami Beach, 17-33,40. LEVY, EDDIE B NAME NAME 5055 COLINS AVE APT #14 K STREET ADDRESS STREET ADDRESS MIAMI BCH, FL 33140 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CASALS, ALEJANDRO 11000 SW 142 PL. STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CfTY-ST-7IP CITY-ST-ZIP VPTS PRESIDENT TITLE Delete حريا Kiomana Almacuer-Leuy Soss Collins Am. PhK. Miami Beach, Fl 33140 Addition ALMAGUER-LEVY, XIOMARA 5255 COLLINS AVE., #14K STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition LOPEZ, EMMA NAME 2812 PRAIRE AVE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Xiomara Hlmaguer-Levy

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED