## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N92000000551

FILED Jan 26, 2005 Secretary of State

Entity Name: CUBAN AMERICAN DEFENSE LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business:

142-B BEACON BLVD
MIAMI BEACH, FL 33140 US

142-B BEACOM BLVD
MIAMI, FL 33135 US

Current Mailing Address: New Mailing Address:

142-B BEACON BLVD
MIAMI BEACH, FL 33140 US

142-B BEACOM BLVD
MIAMI, FL 33135 US

FEI Number: 65-0384266 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:

ALMAGUAR-LEVY, XIOMARA

100 BEACOM BLVD
MIAMI, FL 33135 US

ALMAGUER-LEVY, XIOMARA

142 B BEACOM BLVD
MIAMI, FL 33135 US

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: XIOMARA ALMAGUER-LEVY 01/26/2005

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: A

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: C ( ) Delete Title: C (X) Change ( ) Addition

 Name:
 LEVY, EDDIE B
 Name:
 LEVY, EDDIE B

 Address:
 5055 COLLINS AVE. PH. K.
 Address:
 142 B BEACOM BLVD

 City-St-Zip:
 MIAMI BCH., FL 33140
 City-St-Zip:
 MIAMI, FL 33135

Title: D (X) Delete Title: () Change () Addition

 Name:
 CASALS, ALEJANDRO
 Name:

 Address:
 11000 SW 142 PL.
 Address:

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition ALMAGUER-LEVY, XIOMARA Name: ALMAGUER-LEVY, XIOMARA Name: 5055 COLLINS AVE. PH. K. 142 B BEACOM BLVD Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: MIAMI, FL 33135

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 LOPEZ, EMMA
 Name:

 Address:
 2812 PRAIRE AVE
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33140
 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: XIOMARA ALMAGUER-LEVY P 01/26/2005