

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000565

FILED
Apr 29, 2005
Secretary of State

Entity Name: HOGAR DE TRANSITO PARA LOS REFUGIADOS CUBANOS, INC.

Current Principal Place of Business:

4530 NW 7 STREET
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

4530 NW 7 STREET
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-0378825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COBO, ARTURO
4530 NW 7 STREET
MIAMI, FL 33126 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: COBO, ARTURO
Address: 8940 SW 61 COURT
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: FUSTE-GARCIA, TOMAS
Address: 970 NORTH ROYAL POINCIANA
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D () Delete
Name: ZAYON, ANGEL
Address: 525 DESOTO DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: SOLIS, CARLOS
Address: 6820 INDIAN CREEK DR. APT#105
City-St-Zip: MIAMI BEACH, FL 33141

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: ARTURO COBO

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date