2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007
Secretary of State

DOCUMENT# N92000000565

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 (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ARTURO COBO PD 05/10/2007
Electronic Signature of Signing Officer or Director — Date