2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N92000000943

Entity Name: FOUNDATION FOR HUMAN RIGHTS IN CUBA, INC.

Current Principal Place of Business:

1312 SW 27TH AVE
STE 304
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1312 SW 27TH AVE
STE 304
MIAMI, FL 33145

New Mailing Address:

FEI Number: 65-0494157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHEZ-MEDINA, JR, ROLAND
2333 PONCE DE LEON BLVD, SUITE 302
CORAL GABLES, FL 33134 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: COSTA, TONY
Address: 1312 SW 27TH AVE, SUITE 304
City-St-Zip: MIAMI, FL 33145

Title: VP ( ) Delete
Name: DEL VALLE, CLARA MARIA
Address: 1312 SW 27TH AVE, SUITE 304
City-St-Zip: MIAMI, FL 33145

Title: SCT ( ) Delete
Name: DEL VALLE, MARIO
Address: 1312 SW 27TH AVE, SUITE 304
City-St-Zip: MIAMI, FL 33145

Title: AS ( ) Delete
Name: SANCHEZ-MEDINA JR., ROLAND
Address: 2333 PONCE DE LEON BLVD, SUITE 302
City-St-Zip: CORAL GABLES, FL 33134

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: TONY COSTA PD 02/06/2009

Electronic Signature of Signing Officer or Director — Date