## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N93000001883



**FILED** Mar 14, 2007 08:00 AM Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NORIEGA, MARIA L 1210 SW 84TH AVE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FEDERA	CION DE LA ACCION CA	IOLICA	CUBANA, INC	· Be		:					
Suries	2520 S.W. 59 AVE POST OFFICE BOX 55-7749											
Suries												
City & State  Ci	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address									
Country   Zip   Country   Zip   Country   S. Conflicate of Status Desired   Status Desired Desir	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			03112007 <sub>C</sub>	hg-NP	CR2E037	(12/06)			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Sweet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the no obligations of registered agent.  SIGNATURE  Signature special prime fiver at registered agent.  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City	City & State		City & State				4. FEI Number 65-041306	32		<del></del>		
Name	Zip	Country	Z	p	Country		5. Certificate of S	tatus Desired				
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. 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  Filling Fee is \$64.25  Due by May 1, 2007  9. Election Campagn Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Make EFRNANDEZ, MANUEL.  STREET ADDRESS DIT'-31-729  MIAMI, FL 33155  TITLE  MARTINEZ, DELIA E  STREET ADDRESS DIT'-31-729  MIAMI, FL 33174  TITLE  MARTINEZ, DELIA E  STREET ADDRESS STREET		6. Name and Address of Currer	t Register	ed Agent			7. Name and Add	iress of New R	egistered Age	int		
MIAMI, FL 33144  City FL 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 sort registered agent and till of applicable plants of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and till of applicable 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the product of Florida. I am familiar with, and accept the product of Florida Department of State of Florida Department of State of Florida Dep	ORTEGA, WENCESLAO A											
8. The above named entity submits this statement for the purpose of changing its registered office or registered agant, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agant.  SIGNATURE    Signature   Juped or private name of registered agant and tilled a coolicable   PATE   Registered Apent algorature required when remitating   DATE				Street Addres			P.O. Box Number is	Not Acceptable	») 			
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent. or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.    SIGNATURE					Cit				FI	Zip Cod	Ð	
SIGNATURE    Signature lipide or printed reme of registered agent and life if applicable   (NOTE Registered Apent signature required when remetalring)   DATE	8. The above	a named entity submits this statement	for the pur	pose of changing its r	registered off	ice or register	red agent, or both, in	the State of Flo		iliar with,	and accept	
Filling Fee Is \$81.25 Due by May 1, 2007  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT			, , , , , , , , , , , , , , , , , , , ,	J. J.	<b>.</b>	<b>G</b>	•					
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10.   OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	SIGIVATORE		nt and title if ap	plicable (NOTE.	Registered Agent	t signature required	when reinstating)		DATE			
TITLE							WO:00 May Do					
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	10.	<del>,-</del>	IRECTORS	3	11.	-	ADDITIONS/CHANG	ES TO OFFICE	RS AND DIREC	CTORS IN	10	
TITLE	NAME STREET ADDRESS	FERNANDEZ, MANUEL 2520 SW 59TH AVE		☐ Delete	NAME STREET ADD					] Change	☐ Addition	
NAME   STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·				P				7.00		
TITLE NAME TELLADO, BRIAN 14933 SW 59TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193		·=		∟J Delete					_	_	L. Addition	
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CITY-ST-ZIP	NAME	ľ										
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CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	NORIEGA, MARIA L		☐ Delete	NAME	RESS			C	] Change	Addition	
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	TITLE NAME STREET ADDRESS			☐ Delete	NAME STREET ADDI				Ċ	] Change	☐ Addition	
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information	CITY-ST-ZIP				<u> </u>							

Independently that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

SIGNATURE: Maria A. Maria L. NORICEA

MIGNATURE AND TYPED OR PRINTED NAME OF FICER OR DIRECTOR PRESIDENT

490-8550 Daytime Phone •