2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001883

FILED Mar 07, 2009 Secretary of State

Entity Name: FEDERACION DE LA ACCION CATOLICA CUBANA, INC.

current P	rincipal Place	of Business:	New Principal Place	e of Business:
520 S.W	. 59 AVE			
⁄ΙΙΑΜΙ, FL	33155 US			
urrent N	lailing Addres	s:	New Mailing Addre	ss:
POST OF MAMI, FL	FICE BOX 55-7 33155 US	749		
El Number	: 65-0413062	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	WENCESLAO 13TH STREET 33144 US	A		
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
the Stat	e of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
n the Stat	e of Florida.	ubmits this statement for the p		ed office or registered agent, or both, Date
n the Stat SIGNATU	e of Florida.	c Signature of Registered Age	ent	
i the Stat SIGNATU	e of Florida. RE: Electroni S AND DIRECT	c Signature of Registered Age F ORS: Delete ANUEL AVE	ent	Date
n the Stat GNATU FFICER itle: ame: ddress:	e of Florida. RE: Electroni S AND DIRECT VP () FERNANDEZ, M 2520 SW 59TH A MIAMI, FL 3315	c Signature of Registered Age FORS: Delete ANUEL AVE 5 Delete LIA E ERR	ent ADDITIONS/CHANC Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS
n the Stat IGNATU PFFICER tle: ame: ddress: ity-St-Zip: tte: ame: ddress:	e of Florida. RE: Electroni S AND DIRECT VP () FERNANDEZ, M 2520 SW 59TH A MIAMI, FL 3315 TD () MARTINEZ, DEL 9470 SW 9TH T MIAMI, FL 3317	c Signature of Registered Age FORS: Delete ANUEL AVE 15 Delete LIA E ERR 14 Delete IA L AVE	ent ADDITIONS/CHANC Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS () Change () Addition

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: DELIA E MARTINEZ TD 03/07/2009