

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90074 032 ****61.25

DOCUMENT # N93000001982					
1. Entity Name CUBAN COMMITTEE FOR DEMOCRACY, INC.					
Principal Place of Business 600 BRICKELL AVENUE STE. 301H MIAMI, FL 33131 US			Mailing Address 600 BRICKELL AVENUE STE. 301H MIAMI, FL 33131 US		
2. Principal Place of Business 247 SW 8th St.,			3. Mailing Address Same		
Suite, Apt. #, etc. #254			Suite, Apt. #, etc.		
City & State Miami, Florida			City & State		
Zip 33130-3513		Country USA		Zip	
Country USA		4. FEI Number 65-0428254			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DURAN, ALFREDO G ESQ 2601 SO BAYSHORE DRIVE SUITE 1400 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when constituting)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	2VD BARCALLO, ROBERTO CALLE 81 #841 AVE INTERACIONAL KM45 MERIDA, YUCATAN, MX 97178	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	2nd VP/Dir Alejandro Portes 16 Mason Dr. Princeton, NJ 08540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	1VD POZO, ANA 2121 N BAYSHORE DR APT 616 MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD SANCHELIMA, J 235 SW 42 AVE MIAMI, FL 331341762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Sec/Dir Cynthia Barrera 2121 No. Bayshore Dr., #702 Miami, FL 33137	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD HERNANDEZ, BERNABE 1636 SW 18 AVE. MIAMI, FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Treas/Dir Marlene Arzola 1250 Lincoln Rd., # 301 Miami Beach, FL 33139	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GONZALEZ, RICARDO 17 N 5TH STREET MADISON, WI 53704	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ TREAS DIR MARLENE ARZOLA 1/28/05 (305) 859-2696					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					