


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000003011	
1. Entity Name CUBAN SOCIETY OF TOURISM PROFESSIONALS, INC.	

Principal Place of Business % NICOLAS CRESPO 330 W HEATHER DR KEY BISCAYNE, FL 33149	Mailing Address % NICOLAS CRESPO 330 W HEATHER DR KEY BISCAYNE, FL 33149
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04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0450089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRESPO, NICOLAS 330 W HEATHER DR KEY BISCAYNE, FL 33149
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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRESPO, NICOLAS 330 W HEATHER DR KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARENCIBIA, ROBERTO 11077 NW 36 AVE MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEXTER, MARIE L. 330 W. HEATHER DR. KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, ROBERTO 4580 S.W. 128TH AVENUE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, JOSE A 6831 147 AVE SUITE 3H MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENENDEZ, JOSE A. 14301 SW 74 TERR MIAMI, FL

U000000340631
04/28/05-80125-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4/25/05 305-361 8620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #