

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003011

FILED
Apr 22, 2009
Secretary of State

Entity Name: CUBAN SOCIETY OF TOURISM PROFESSIONALS, INC.

Current Principal Place of Business:

% NICOLAS CRESPO
330 W HEATHER DR
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

% NICOLAS CRESPO
330 W HEATHER DR
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-0450089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRESPO, NICOLAS
330 W HEATHER DR
KEY BISCAYNE, FL 33149 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: P () Delete
Name: CRESPO, NICOLAS
Address: 330 W HEATHER DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: ARENCIBIA, ROBERTO
Address: 11077 NW 36 AVE
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: DEXTER, MARIE L.
Address: 330 W. HEATHER DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP () Delete
Name: GONZALEZ, JOSE A
Address: 6831 147 AVE SUITE 3H
City-St-Zip: MIAMI, FL 33193

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: NICOLAS CRESPO

P

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date