


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000003633

1. Entity Name
FOUNDATION OF THE CUBAN ASSOCIATION OF THE S.M.O. OF MALTA, INC.



Principal Place of Business
2950 S.W. 27 AVENUE, #300 MIAMI, FL 33133 US

Mailing Address
2950 S.W. 27 AVENUE, #300 MIAMI, FL 33133 US

DO NOT WRITE IN THIS SPACE



04062006 No Chg-NP CR2E037 (11/05)

4. FEI Number **65-0429382** Applied For / Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**O'NAGHTEN, JUAN T
 2950 S.W. 27 AVENUE, #300
 MIAMI, FL 33133**

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

Filing Fee is \$61.25 Due by May 1, 2006

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	PD GARCIA-CHACON, FERNANDO T 2950 S.W. 27 AVENUE, #300 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'NAGHTEN, JUAN T 2950 S.W. 27 AVENUE, #300 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'NAGHTEN, LUIS M 2950 S.W. 27 AVENUE, #300 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ-PENICHER, JOSE A 2950 S.W. 27 AVENUE, #300 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CENTURION, JOSE J 2950 S.W. 27 AVENUE, #300 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/25/06-80118-014 61.25

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12. I hereby 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 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: JTO **H-6-06 (786) 888-6496**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Year Phone #