



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 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
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DO NOT WRITE IN THIS SPACE

	
01232007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 65-0429382	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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

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

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U00000712626
 04/26/07-80055-025 61.25

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:  _____ DATE: 3-30-07 (303) 385-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #