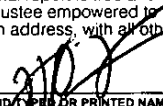


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90062 040 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                    |                                                                                    |                                                                                  |                                                                                                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N93000003633</b><br>1. Entity Name<br><b>FOUNDATION OF THE CUBAN ASSOCIATION OF THE S.M.O. OF MALTA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                    |                                                                                    |                                                                                  |                                                                                                                                                      |  |
| Principal Place of Business<br><b>2950 S.W. 27 AVENUE, #300</b><br><b>MIAMI, FL 33133 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                    |                                                                                    | Mailing Address<br><b>2950 S.W. 27 AVENUE, #300</b><br><b>MIAMI, FL 33133 US</b> |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                    | 3. Mailing Address                                                                 |                                                                                  |                                                                                                                                                                                                                                       |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                    | Suite, Apt. #, etc.                                                                |                                                                                  |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                    | City & State                                                                       |                                                                                  |                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                                                            | Zip                                                                                | Country                                                                          |                                                                                                                                                                                                                                       |  |
| 6. Name and Address of Current Registered Agent<br><br><b>O'NAGHTEN, JUAN T</b><br><b>2950 S.W. 27 AVENUE, #300</b><br><b>MIAMI, FL 33133</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                    |                                                                                    |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br><small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>                                                                                                                                                                                                                       |                                                                                                                                                                    |                                                                                    |                                                                                  |                                                                                                                                                                                                                                       |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                                  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                                                                                                                                          |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |                                                                                    |                                                                                  |                                                                                                                                                                                                                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                    |                                                                                    | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                     |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PD</b><br><b>GARCIA-CHACON, FERNANDO T</b><br><b>2950 S.W. 27 AVENUE, #300</b><br><b>MIAMI, FL 33133</b> <input type="checkbox"/> Delete                        |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VD</b><br><b>O'NAGHTEN, JUAN T</b><br><b>2950 S.W. 27 AVENUE, #300</b><br><b>MIAMI, FL 33133</b> <input type="checkbox"/> Delete                                |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>SD</b><br><b>O'NAGHTEN, LUIS M</b><br><b>2950 S.W. 27 AVENUE, #300</b><br><b>MIAMI, FL 33133</b> <input type="checkbox"/> Delete                                |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>TD</b><br><b><del>FERNANDEZ-PENICHER, JOSE A</del></b><br><b>2950 S.W. 27 AVENUE, #300</b><br><b>MIAMI, FL 33133</b> <input checked="" type="checkbox"/> Delete |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <b>TD</b><br><b>Luis Felipe Parajón</b><br><b>2950 S.W. 27 Avenue, #300</b><br><b>MIAMI, FL 33133</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>CENTURION, JOSE J</b><br><b>2950 S.W. 27 AVENUE, #300</b><br><b>MIAMI, FL 33133</b> <input type="checkbox"/> Delete                                 |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                                                    |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| 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. |                                                                                                                                                                    |                                                                                    |                                                                                  |                                                                                                                                                                                                                                       |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                    |                                                                                    | Date: <b>4-10-08</b>                                                             |                                                                                                                                                                                                                                       |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |                                                                                    | Daytime Phone #: <b>786-888-6496</b>                                             |                                                                                                                                                                                                                                       |  |