

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003633

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0429382

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

O'NAGHTEN, JUAN T  
2950 S.W. 27 AVENUE, #300  
MIAMI, FL 33133 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: PD  
Name: GARCIA-CHACON, FERNANDO T  
Address: 2950 S.W. 27 AVENUE, #300  
City-St-Zip: MIAMI, FL 33133 US

Title: VD  
Name: O'NAGHTEN, JUAN T  
Address: 2950 S.W. 27 AVENUE, #300  
City-St-Zip: MIAMI, FL 33133 US

Title: SD  
Name: O'NAGHTEN, LUIS M  
Address: 2950 S.W. 27 AVENUE, #300  
City-St-Zip: MIAMI, FL 33133 US

Title: TD  
Name: PARAJON, LUIS  
Address: 2950 SW 27 AVE. #300  
City-St-Zip: MIAMI, FL 33133 US

Title: D  
Name: CENTURION, JOSE J  
Address: 2950 S.W. 27 AVENUE, #300  
City-St-Zip: MIAMI, FL 33133 US

I hereby 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 all other like empowered.

SIGNATURE: FERNANDO GARCIA-CHACON

PD

02/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date