

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90206 034 \*\*\*\*75.00

**DOCUMENT # N93000003955**

1. Entity Name

**EJERCITO DE LIBERACION NACIONAL DE CUBA, INC.**



Principal Place of Business

**11300 NW 87TH COURT  
HIALEAH GARDENS FL 33016**

Mailing Address

**20051 N.W. 64 PL.  
HOUSE  
HIALEAH FL 33015  
US**

2. Principal Place of Business

3. Mailing Address

**19710 NW 46 Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**HOUSE**

City & State

City & State  
**CAROL CITY, FLORIDA**

4. FEI Number

**65-0380459**

Applied For  
Not Applicable

Zip

Country

Zip

**33055**

Country

**DADE**

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BONACHEA, LORENZO A  
20051 NW 64 PL  
HIALEAH FL 33015**

7. Name and Address of New Registered Agent

Name

**BONACHEA, LORENZO A.**

Street Address (P.O. Box Number is Not Acceptable)

**19710 NW 46 Ave.**

City

**CAROL CITY**

**FL**

Zip Code

**33055**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BONACHEA, LORENZO A 20051 NW 64 PL. HIALEAH FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REYES, MARQUEZ J 1529 NW NORT RIVER DR #6 MIAMI FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOMEY, MIGUEL F 540 E 21 STREET HIALEAH FL 33013	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TORRES, JOAQUIN 2847 NW 13 STREET MIAMI FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FERNANDEZ, G. RUBEN 4271 NW 18 STREET #301 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BONACHEA, LORENZO A. 19710 NW 46 Ave. CAROL CITY, FL 33055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TORRES, JOAQUIN 650-B SW 44 CT CORAL GABLE, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: BONACHEA, LORENZO A.**

**09-03-2004-**

**786-290-1141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #