

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90010 028 ****75.00

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1. Entity Name

EJERCITO DE LIBERACION NACIONAL DE CUBA, INC.



Principal Place of Business

11300 NW 87TH COURT
HIALEAH GARDENS FL 33016

Mailing Address

MIGUEL TOMEY
540 EAST 21 STREET
HIALEAH FL 33013
US

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

4. FEI Number

65-0380459

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)

40107000



6. Name and Address of Current Registered Agent

**BONACHEA, LORENZO A
19710 NW 46 AVE
CAROL CITY FL 33055**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 ☐ Delete
NAME **DP**
STREET ADDRESS **BONACHEA, LORENZO A**
CITY-ST-ZIP **2050 NW 16TH TERR SUITE E114
MIAMI FL 33125**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **REYES, MARQUEZ J**
CITY-ST-ZIP **1529 NW NORT RIVER DR #6
MIAMI FL 33125**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **TOMEY, MIGUEL**
CITY-ST-ZIP **540 E 21 STREET
HIALEAH FL 33013**

TITLE ☐ Delete
NAME **VS**
STREET ADDRESS **TORRES, JOAQUIN**
CITY-ST-ZIP **4251 SW 99 COURT
MIAMI FL 33165**

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **FERNANDEZ, G. RUBEN**
CITY-ST-ZIP **4271 NW 18 STREET #301
MIAMI FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VS**
STREET ADDRESS **TORRES, JOAQUIN**
CITY-ST-ZIP **3191 SW 27 LN
MIAMI FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

BONACHEA, LORENZO A.

(05-01-2008)

(786-290-1141)