

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

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # N93000004661	
1. Entity Name COORDINADORA INTERNACIONAL DE EX-PRISIONEROS POLITICOS CUBANOS, INC.	

Principal Place of Business 5900 COLLINS AVE APT. #503 MIAMI BEACH FL 33140 US	Mailing Address 5900 COLLINS AVE APT. #503 MIAMI BEACH FL 33140 US
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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

1st MOORE CR2E037 (10/07)

4. FEI Number 65-0444139		Applied For ☐	Not Applicable ☒
5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DE MORALES, NELIS ROJAS 5900 COLLINS AVE. APT #503 MIAMI BEACH FL 33140		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 if applicable, (NOTE: Registered Agent signature is required when resigning))	DATE
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, REYNALDO 13226 BROMWICH ST. ARLETA CA 91331 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000855683 03/27/08-80061-004 75.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORALES, NELIS R 5900 COLLINS AVE., APT. 503 MIAMI BEACH FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FLORES, JULIO 408 43RD STREET UNION CITY NJ 07087 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS DIAZ, ROBERTO 2945 W 89TH AVE, APT. 404 MIAMI FL 33165 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Nelis R. Morales* **03-10-08** **(305) 861-2985**