## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9400000845

FILED Mar 17, 2005 Secretary of State

Entity Name: CUBAN CULTURAL HERITAGE CORP.

LILLY Name. COBAN COLTORAL FIERTIAGE CORF.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
3934 SW 8 SUITE 201 MIAMI, FL	TH STREET 33134					
Current Mailing Address:			New Maili	New Mailing Address:		
3934 SW 8 SUITE 201 MIAMI, FL	TH STREET 33134					
FEI Number:	65-0468553	FEI Number Applied For ( )	FEI Number Not Appl	licable ( ) Certificate of Sta	atus Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SUITE 201 MIAMI, FL	named entity si of Florida. E:	ubmits this statement for the p		ts registered office or register	ed agent, or both,	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:		Delete DAVID BLVD	Title: Name: Address: City-St-Zip:	()Change ()Additi		
Title: Name: Address: City-St-Zip:	D () COBELO, ARMA 1400 SW 84TH C MIAMI, FL 3314	COURT	Title: Name: Address: City-St-Zip:	()Change ()Additi	on	
Title: Name: Address: City-St-Zip:	D () I QUIRCH, LOURE 7540 SW 52 CT MIAMI, FL 3314		Title: Name: Address: City-St-Zip:	()Change ()Additi	on	
Title: Name: Address: City-St-Zip:	D () CAINAS-MILANE 4395 INGRAHAM CORAL GABLES	1 HWY	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Additi MEJER-SARRA, LUIS 1411 PIZARRO ST CORAL GABLES, FL 33134	on	
Title: Name: Address: City-St-Zip:	D () BUSTAMANTE, A 2512 PERSHING ORLANDO, FL 3	OAKS PLACE	Title: Name: Address: City-St-Zip:	()Change ()Additi	on	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LOURDES A QUIRCH PRES 03/17/2005