FILED
May 01, 2008 08:00 AM
Secretary of State

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000000845

1. Entity Name
CUBAN CULTURAL HERITAGE CORP.

Principal Place of Business	Mailing Address
3934 SW 8TH STREET SUITE 201 MIAMI, FL 33134	3934 SW 8TH STREET SUITE 201 MIAMI, FL 33134

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04162008 Ne Chg-NP CR2E037 (4/08)

4. FEI Number
55-0468553
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEJER, LUIS
3934 SW 8TH ST
SUITE 201
CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when changing) (Date)
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CABARROCAS, DAVID
STREET ADDRESS	3934 SW 8TH ST STE 201
CITY-ST-ZIP	CORAL GABLES, FL, FL 33134
TITLE	SD
NAME	MEJER, LUIS
STREET ADDRESS	3934 SW 8TH ST STE 201
CITY-ST-ZIP	CORAL GABLES, FL, FL 33134
TITLE	TD
NAME	AGUERO, SALOME C
STREET ADDRESS	3934 SW 8TH ST STE 201
CITY-ST-ZIP	CORAL GABLES, FL, FL 33134
TITLE	VTD
NAME	BORROTO, MARILYN
STREET ADDRESS	3934 SW 8TH ST STE 201
CITY-ST-ZIP	CORAL GABLES, FL, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/27/08-80057-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Salome C. Aguero V.P. 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)