

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001215

FILED
Apr 27, 2007
Secretary of State

Entity Name: ASOCIACION DE COLONOS DE CUBA, INC.

Current Principal Place of Business:

555 E. 25TH ST
SUITE 11
HIALEAH, FL 330133839 US

New Principal Place of Business:

Current Mailing Address:

555 E. 25TH ST
SUITE 11
HIALEAH, FL 330133839 US

New Mailing Address:

FEI Number: 65-0576553 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SANCHEZ, JUAN T
6901 EDGEWATER DRIVE # 314
CORAL GABLES, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PINA, SILVESTRE
Address: 3214 SW 154TH CT
City-St-Zip: MIAMI, FL 33185

Title: D () Delete
Name: CALDERON, JOSE M
Address: 3470 SW 9 STREET
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: GABINO, PINA
Address: 3214 SW 154TH CT
City-St-Zip: MIAMI, FL 33185

Title: D () Delete
Name: SOSA, OMELIO
Address: 9225 SW 9 TERRACE
City-St-Zip: MIAMI, FL 33174

Title: D () Delete
Name: SIMON, CRUZ
Address: 421 NW 109 AVE #1
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: SANCHEZ, JUAN T
Address: 8840 SW 92 AVE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALLONGO, JOSE F
Address: 219 SW 26 ROAD
City-St-Zip: MIAMI, FL 33129 23

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GABINO PINA

D

04/27/2007

Electronic Signature of Signing Officer or Director

Date