


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90091 024 ****61.25

DOCUMENT # N94000005724	
1. Entity Name UNITED STATES CUBAN-AMERICAN GOLF ASSOCIATION, INC.	

Principal Place of Business 15033 SW 110TH TERR MIAMI FL 33196 US	Mailing Address 15033 SW 110TH TERR MIAMI FL 33196 US
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2. Principal Place of Business 3727 HARLAND STREET Suite, Apt. #, etc.	3. Mailing Address 3727 HARLAND STREET Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/04)

City & State CORAL GABLES FL	City & State CORAL GABLES FL	4. FEI Number 65-0571341	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARANGO, MARIO 15033 SW 110 TERR MIAMI FL 33196	7. Name and Address of New Registered Agent Name: JORGE IGLESIAS Street Address (P.O. Box Number is Not Acceptable): 3727 HARLAND STREET City: CORAL GABLES FL Zip Code: 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: JORGE IGLESIAS PRESIDENT - DIRECTOR DATE: 3/8/05

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D VELASCO, ARY SR 13061 SW 80 STREET MIAMI FL 33183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARANGO, MARIO 15033 SW 110TH TERR MIAMI FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TREJO, DELIO 5240 SW 89 PLACE MIAMI FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP IGLESIAS, JORGE 3727 HARLAND ST CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAWRENCE CARLINO 9380 BALADA STREET CORAL GABLES, FL 33156 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: JORGE IGLESIAS DATE: 3/8/05 DAYTIME PHONE: 305-573-0970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR