


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000005388	
1. Entity Name DIRECTORIO DEMOCRATICO CUBANO, INC.	

Principal Place of Business 10250 SW 56 ST C203 MIAMI, FL 33165 US	Mailing Address 10250 SW 56 ST C203 MIAMI, FL 33165 US
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0661049	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent HEIDT, MICHAEL 4000 HOLLYWOOD BOULEVARD SUITE 735 SOUTH HOLLYWOOD, FL 33021	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000100103 03/31/04-80033-004 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ DE CASTRO, JUAN JOSE 10250 SW 56 ST, C203 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIVERO, JANISSET 10250 SW 56 STREET, C203 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE CESPEDES, JAVIER 10250 SW 56 ST, C203 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NS GUTIERREZ, ORLANDO 10250 SW 56 STREET, C203 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DETORO, III, LORENZO 10250 SW 56 ST., C203 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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