


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 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



01072005 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 Fee 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**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

U00000344266

04/29/05-80129-022 70.00

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	FERNANDEZ DE CASTRO, JUAN JOSE
STREET ADDRESS	10250 SW 56 ST, C203
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	SD
NAME	RIVERO, JANISSET
STREET ADDRESS	10250 SW 56 STREET, C203
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	PD
NAME	DE CESPEDES, JAVIER
STREET ADDRESS	10250 SW 56 ST, C203
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	NS
NAME	GUTIERREZ, ORLANDO
STREET ADDRESS	10250 SW 56 STREET, C203
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VD
NAME	DETORO, III, LORENZO
STREET ADDRESS	10250 SW 56 ST., C203
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Juan Jose Fernandez de Castro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/05 (805)
279-4416
Date Daytime Phone #

JUAN JOSE FERNANDEZ DE CASTRO