

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002394

FILED  
Apr 22, 2007  
Secretary of State

Entity Name: DEMOCRACY FOR CUBA, INC.

## Current Principal Place of Business:

425 S. CHICKASAW TRAIL  
PMB 335  
ORLANDO, FL 32825

## New Principal Place of Business:

## Current Mailing Address:

425 S. CHICKASAW TRAIL  
PMB 335  
ORLANDO, FL 32825

## New Mailing Address:

FEI Number: 59-3511610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSTAMANTE, TOMAS  
425 S. CHICKASAW TRAIL  
PMB 335  
ORLANDO, FL 32825 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: BUSTAMANTE, TOMAS  
Address: 425 S CHICKASAW TRAIL PMB 335  
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete  
Name: SANTANA, SONNY  
Address: 12319 CORIANDER  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: SAVON, OSVALDO  
Address: 7927 HARBOR BEND CIRCLE  
City-St-Zip: ORLANDO, FL 32822

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: SAVON, OSVALDO  
Address: 3019 MANDOLIN DRIVE  
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the 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: TOMAS BUSTAMANTE

D

04/22/2007

Electronic Signature of Signing Officer or Director

Date