

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002394

FILED
Apr 20, 2008
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:

509 S. CHICKASAW TRAIL
335
ORLANDO, FL 32825

Current Mailing Address:

425 S. CHICKASAW TRAIL
PMB 335
ORLANDO, FL 32825

New Mailing Address:

509 S. CHICKASAW TRAIL
335
ORLANDO, FL 32825

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:

BUSTAMANTE, TOMAS
509 S. CHICKASAW TRAIL
335
ORLANDO, FL 32825 US

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:

04/20/2008

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: 3019 MANDOLIN DRIVE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BUSTAMANTE, TOMAS
Address: 509 S CHICKASAW TRAIL # 335
City-St-Zip: ORLANDO, FL 32825

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: TOMAS BUSTAMANTE

D

04/20/2008

Electronic Signature of Signing Officer or Director

Date