


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90457 046 ****61.25

DOCUMENT # N97000004232 1. Entity Name CUBAN AMERICAN INSTITUTE CORP					
Principal Place of Business 1951 SW 62 AVE MIAMI FL 33155			Mailing Address 1951 SW 62 AVE MIAMI FL 33155		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0769684 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TUDELA, MIGUEL A 1951 SW 62 AVE MIAMI FL 33155			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUDELA, MIGUEL ANGEL		NAME		
STREET ADDRESS	1951 SW 62 AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33155		CITY - ST - ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, FELIPE		NAME		
STREET ADDRESS	1951 SW 62 AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33155		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALAS, MIGUEL		NAME		
STREET ADDRESS	1951 SW 62 AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33155		CITY - ST - ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARBA, RAFAEL		NAME	SD BARBA, RAFAEL	
STREET ADDRESS	8390 NW 53TH STREET #200		STREET ADDRESS	5931 SW 88 ST	
CITY - ST - ZIP	MIAMI FL 33166		CITY - ST - ZIP	MIAMI FL 33156	
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUERRA, PEDRO L		NAME		
STREET ADDRESS	7860 SW 22 ST.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33155		CITY - ST - ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ, CEFERINO		NAME		
STREET ADDRESS	1862 SW 245TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33145		CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *MR TUDELA* MIGUEL A. TUDELA

02/28/06 786 853 5764