


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 08:00 A
Secretary of State

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 - No P.O. Box #
 Suite, Apt #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0769684

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TUDELA, MIGUEL A
1951 SW 62 AVE
MIAMI, FL 33155

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TUDELA, MIGUEL ANGEL	
STREET ADDRESS	1951 SW 62 AVE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALAS, MIGUEL	
STREET ADDRESS	1951 SW 62 AVE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARBA, RAFAEL	
STREET ADDRESS	5931 SW 88TH ST	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUERRA, PEDRO L	
STREET ADDRESS	7860 SW 22 ST.	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000847493
CITY-ST-ZIP	03/19/08-80022-005 70.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *M. Tudela* **(02/14/08)** **(305) 264-5147**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Probe #