2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2008 8:00 am Secretary of State

ANNOAL REPORT					, Secretary of State				
DOCUMENT # N9700005940 1. Entity Name PRESIDIO POLITICO HISTORICO CUBANO, INC.						03-20-200	•		
Principal Place of Business 1140 S.W. 13 AVE. MIAMI, FL 33135		Mailing Address 1140 S.W. 13 AVE. MIAMI, FL 33135		-	~·	1911 33 11 12 11 30 15 1	#41+ ##1## ##1## 411##	089 <u>6</u>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03112008	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 65-0790	101		No	plied For t Applicable
Zip	. Country	Zip	Country		5. Certificate of			\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and A	daress of New	Registered A	gent	
FELIPE, A 3165 SW 4 MIAMI, FL	ST			Name Street Address (P.O. Box Number is Not Acceptable)					
•			City					Zip Code	<u> </u>
							<u>FL</u>	<u> </u>	
	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent. Filling Fee is \$61.25		Registered Agent signatu	-		t to make the same	DATE Make check orlda Depart	payable to	
			11.		ADDITIONS/CHAP			<u> </u>	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELIPE, ALONSO 3165 SW 4 ST MIAMI, FL 33135	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	olfo Roc			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODOLFO, FODRIGUEZ 15741 SW 143 AVE MIAMI, FL 33177	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO Red 720 HIAR		NES NES DE 6, FJ. 3		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORGADO, MARCELO 1110 SW 9 CT #3 MIAMI, FL 33110	¥Z Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	730	BE L. VAG SED 68. HI, FL 3	C+.		☑ Change	noilibbA 🗌
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBAINA, AGUSTIN 251 SW 63RD CT. MIAMI, FL 33144	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAG 25 MIA	30571N 1 15W63 N1, FL	COBAIN. RO.CF. 3314	A.	I Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLANES, RENAN 7203 LOCHNESS DR. MIAMI LAKES, FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	46	ERNAN 90 SW THIFX			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	and if that the information cupalised with	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	notained	in Chanter 110			Change for the the in	Addition

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: .

SIGNATURE AND POPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-17-08

Daytime Phone #