

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000000149

1. Entity Name
**PLANTADOS UNTIL FREEDOM AND DEMOCRACY IN
CUBA, INC.**



Principal Place of Business
**815 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES, FL 33134**

Mailing Address
**815 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES, FL 33134**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FIGUEROA, LUIS A
815 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CHANEZ DE ARMAS, MARIO
10355 SW 40TH STREET, APT 521
MIAMI, FL 33165**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DE'FANA, ANGEL
5725 SW 132 COURT #7
MIAMI, FL 33183**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DIAZ, ERNESTO
14 HUSSARS CAMP PLACE
RIDGEFIELD, CT 06877**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PENALVER, EUSEBIO
2934 E. FLORENCE AVENUE
HUNTINGTON PARK, CA 90255**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000233004
02/17/05-80025-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Eusebio Penalver* **DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05

Date

Daytime Phone #