



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90172 041 ****70.00

DOCUMENT # N990000000094 1. Entity Name CUBAN INSTITUTE FOR NON-VIOLENCE, INC.					
Principal Place of Business 4545 NW 7TH ST 14 MIAMI, FL 33126			Mailing Address 8150 S.W. 8TH STREET, SUITE 217 MIAMI, FL 33175		
2. Principal Place of Business 4545 NW 7th St. Suite, Apt. #, etc. # 14		3. Mailing Address 4545 NW 7th St Suite, Apt. #, etc. # 14			
City & State MIAMI, FL		City & State MIAMI FL		4. FEI Number 65-0915153	
Zip 33126		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, RAMON S 8150 S.W. 8TH ST., STE. 217 MIAMI, FL 33144				7. Name and Address of New Registered Agent Name RAMON SAUL SANCHEZ Street Address (P.O. Box Number is Not Acceptable) 4545 NW 7th Street # 14 City MIAMI FL 33126	
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 <u><i>Ramon Saul Sanchez</i></u> DATE <u>4/13/2004</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, RAMON S 4545 NW 7TH ST 14 MIAMI, FL 33126			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEL VALLE, NORMAN 4545 NW 7TH ST 14 MIAMI, FL 33126			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VELASCO, MILAGROS 4545 NW 7TH ST 16 MIAMI, FL 33126			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete PEREZ, MERCEDES 4545 NW 7TH ST 14 MIAMI, FL 33126			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director <input checked="" type="checkbox"/> Addition Mercy Garcia 4545 NW 7th St #14 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SUAREZ, EMILIANO 4545 NW 7TH ST 14 MIAMI, FL 33126			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Ramon Saul Sanchez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>4/13/04</u> 305-785-0669 <small>Date Daytime Phone #</small>	