

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90303 029 ****61.25

DOCUMENT # N99000000571

1. Entity Name
CUBAN AMERICAN HERITAGE FESTIVAL, INC.



Principal Place of Business 5570 THIRD AVENUE KEY WEST, FL 33040	Mailing Address 5570 THIRD AVENUE KEY WEST, FL 33040
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94055100



DO NOT WRITE IN THIS SPACE

02242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0889930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGHSMITH, ROBERT E
 1315 WHITEHEAD STREET
 KEY WEST, FL 33040

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SALINERO, FRED
STREET ADDRESS	5570 THIRD AVENUE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	GONZALEZ, JOSE
STREET ADDRESS	5570 THIRD AVENUE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	FRAGA, PEDRO
STREET ADDRESS	3707 PEARLMAN CT
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *[Handwritten Signature]* **President** *4/14/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #