



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90276 008 \*\*\*\*75.00

<b>DOCUMENT # N99000002464</b> 1. Entity Name <b>CUBAN GOVERNMENT IN EXILE, INC.</b>					
Principal Place of Business 611 W. AZEELE ST. TAMPA, FL 33606			Mailing Address 611 W. AZEELE ST. TAMPA, FL 33606		
2. Principal Place of Business <b>2413 BAYSHORE BLVD.</b> Suite, Apt. #, etc. <b>706</b>		3. Mailing Address <b>2413 BAYSHORE BLVD.</b> Suite, Apt. #, etc. <b>706</b>		60040001 	
City & State <b>TAMPA, FLORIDA</b>		City & State <b>TAMPA, FLORIDA</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33629</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, H. STRATTON III, ESQ</b> <b>611 W. AZEELE ST.</b> <b>TAMPA, FL 33606</b>				7. Name and Address of New Registered Agent Name <b>JOSE A. MIJARES, M.D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2413 BAYSHORE BLVD., #706</b>  City <b>TAMPA</b> FL <b>33629</b>	
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>Jose A. Mijares, M.D.</u> <i>Jose A. Mijares MD</i> <u>April 22, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIJARES, JOSE A MD 2413 BAYSHORE BLVD., APT. 706 TAMPA, FL 336297334	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, ORLANDO 13902 DENELL LANE TAMPA, FL 33624	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, OSBERTO MD 5607 MAGALLON DR. TAMPA, FL 33625	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMPTON, WARREN 520 ROYAL GREEN DRIVE TAMPA, FL 33617	<input type="checkbox"/> Delete		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	<input type="checkbox"/> Delete		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	<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>Jose A. Mijares, M.D.</u> <i>Jose A. Mijares MD</i> <small>Signature, typed or printed name of officer or director</small>				<u>813</u> <u>April 22, 2005</u> <u>254-5917</u> <small>Day Month Year</small>	