

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90033 038 ****74.25

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1. Entity Name

CUBAN GOVERNMENT IN EXILE, INC.



Principal Place of Business

2413 BAYSHORE BLVD
706
TAMPA FL 33629

Mailing Address

2413 BAYSHORE BLVD
706
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SMITH, H. STRATTON III, ESQ.
2413 BAYSHORE BLVD
706
TAMPA FL 33629~~

Name Jose A. Mijares, M.D.

Street Address (P.O. Box Number is Not Acceptable)

2413 Bayshore Blvd Apt. 706

City

Tampa

FL

Zip Code
33629

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

Jose A. Mijares, M.D.

(NOTE: Registered Agent signature required when reinstating)

March 10, 2006

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

☒ \$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MIJARES, JOSE A MD
STREET ADDRESS 2413 BAYSHORE BLVD., APT. 706
CITY-ST-ZIP TAMPA FL 33629-7334

TITLE D ☐ Delete
NAME RODRIGUEZ, ORLANDO
STREET ADDRESS 13902 DENELL LANE
CITY-ST-ZIP TAMPA FL 33624

TITLE D ☐ Delete
NAME FERNANDEZ, OSBERTO MD
STREET ADDRESS 5607 MAGALLON DR.
CITY-ST-ZIP TAMPA FL 33625

TITLE D ☐ Delete
NAME HAMPTON, WARREN
STREET ADDRESS 520 ROYAL GREEN DRIVE
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jose A. Mijares MD JOSE A. MIJARES MD March 10, 06 (813) 254-5917