2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2009
Secretary of State

DOCUMENT# N99000002464

Entity Name: CUBAN GOVERNMENT IN EXILE, INC.

Current Principal Place of Business:

2413 BAYSHORE BLVD
706
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2413 BAYSHORE BLVD
706
TAMPA, FL 33629

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MIJARES, JOSE A M.D.
2413 BAYSHORE BLVD
706
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MIJARES, JOSE A MD
Address: 2413 BAYSHORE BLVD., APT. 706
City-St-Zip: TAMPA, FL 336297334

Title: D ( ) Delete
Name: RODRIGUEZ, ORLANDO
Address: 13902 DENELL LANE
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: FERNANDEZ, OSBERTO MD
Address: 5607 MAGALLON DR.
City-St-Zip: TAMPA, FL 33625

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P ( ) Change (X) Addition
Name: NODAL, RODOLFO A DR.
Address: 27 SALAMANCA AVE APT #5
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Change (X) Addition
Name: RICARDO, RUBEN A LCD
Address: 5161 COLLINS AVE APT #1701
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE A. MIJARES M.D. P 08/15/2009

Electronic Signature of Signing Officer or Director — Date