2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002505

FILED Jan 07, 2008 Secretary of State

Entity Name: CUBAN CENTER FOR CULTURAL, SOCIAL & STRATEGIC STUDIES, INC.

Current Principal Place of Business: New Principal Place of Business:

9451 SW 97 STREET MIAMI, FL 33176

Current Mailing Address: New Mailing Address:

9451 SW 97 STREET MIAMI, FL 33176

FEI Number: 65-0912892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JUAN A. GRANADOS 9451 SW 97 STREET MIAMI, FL 33176 US

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:

Title:

Title:

D,ST

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

 Title:
 D
 () Delete
 Title:
 D,P
 (X) Change () Addition

 Name:
 GRANADOS, JUAN A
 Name:
 GRANADOS, JUAN A

 Address:
 9451 SW 97 STREET
 Address:
 9451 SW 97 STREET

 Address:
 9451 SW 97 STREET
 Address:
 9451 SW 97 STREET

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:
 MIAMI, FL 33176

 Title:
 D () Delete
 Title:
 D,VP (X) Change () Addition

 Name:
 HOLCOMB, GEORGE
 Name:
 HOLCOMB, GEORGE

 Address:
 9451 SW 97 STREET
 Address:
 9451 SW 97 STREET

City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33176

 Name:
 VELASCO, MILAGROS
 Name:
 SANTIAGO, OFELIA

 Address:
 9451 SW 97 STREET
 Address:
 2744 W 60 STREET

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:
 HIALEAH, FL 33016

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: JUAN A. GRANADOS D.P 01/07/2008