

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

04-25-2005 90290 012 ***158.75

DOCUMENT # N99000004667

1. Entity Name
CUBA FOR KIDS FOUNDATION, INC.



Principal Place of Business
8040 SW 54 CRT.
MIAMI, FL 33143

Mailing Address
8040 SW 54 CRT.
MIAMI, FL 33143



04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0947576	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROQUE-VELASCO, ISMAEL
8040 SW 54TH COURT
MIAMI, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROQUE-VELASCO, ISMAEL
STREET ADDRESS	8040 SW 54 CRT.
CITY-ST-ZIP	MIAMI, FL 33143

TITLE	SD
NAME	ROQUE, TERESITA B
STREET ADDRESS	8040 SW 54 CRT.
CITY-ST-ZIP	MIAMI, FL 33143

TITLE	D
NAME	MENEDEZ, CECILIA T
STREET ADDRESS	8040 SW 54TH COURT
CITY-ST-ZIP	MIAMI, FL 33143

TITLE	D
NAME	SOLARANA, ALICE
STREET ADDRESS	8040 SW 54 CRT.
CITY-ST-ZIP	MIAMI, FL 33143

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Ismael Roque-Velasco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/05

305-460-0622