

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000056048

1. Entity Name
THE COALITION FOR CUBAN CONSTITUTIONAL
LEGITIMACY 1940, INC. (C. 1940 ART. 149)



Principal Place of Business
5200 S.W. 8TH STREET
STE. #A
CORAL GABLES, FL 33134

Mailing Address
5200 S.W. 8TH STREET
STE. #A
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0845305

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, JOSE R
5200 S.W. 8TH STREET
STE. #A
CORAL GABLES, FL 33134

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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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENEDI, CLAUDIO F DR. 3304 CHICAMUXEN CT. FALLS CHURCH, VA 22041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICARDO, RUBEN 5161 COLLINS AE. APT 1701 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAZQUEZ, JOSE R 5200 SW 8TH STREET STE #A CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, LUIS I 9472 SW 154 PL. MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRILLO, FRANCISCO 3020 N.W. FLAGLER TERRACE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/29/04-80061-017 150.00

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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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #