

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 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**



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000525692
05/04/06-80043-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **BENEDI, CLAUDIO F DR.**
STREET ADDRESS **3304 CHICAMUXEN CT.**
CITY-ST-ZIP **FALLS CHURCH, VA 22041**

TITLE **SD**
NAME **RICARDO, RUBEN**
STREET ADDRESS **5161 COLLINS AE. APT 1701**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **TO**
NAME **VAZQUEZ, JOSE R**
STREET ADDRESS **5200 SW 8TH STREET STE #A**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D**
NAME **GARCIA, LUIS F**
STREET ADDRESS **9472 SW 154 PL.**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **D**
NAME **CARRILLO, FRANCISCO**
STREET ADDRESS **3020 N.W. FLAGLER TERRACE**
CITY-ST-ZIP **MIAMI, FL 33125**

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 exemptions contained 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 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

4/21/06 (305) 541-4319
Date Daytime Phone #