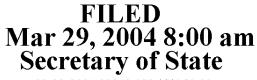
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)



DOCUMENT # 350395 1. Entity Name KUBANEY PUBLISHING CORPORATION				Secretary of State 03-29-2004 90049 029 ***1 50.00		
Principal Place of Business 3014 NW 79TH AVE. MIAMI FL 33122		Mailing Address P.O. BOX 527950 MIAMI FL 33152 US				
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State			MOORE CR2E034 (11/03) 4. FEI Number	
Zip Country		Zip	Country		59-1574647 Not Applicable 5. Certificate of Status Desired \$8.75 Additional	
	6. Name and Address of Current	Registered Agent	<u> </u>		Fee Required 7. Name and Address of New Registered Agent	
. Name.					7. Name and Address of New Registered Agent	
SAN MARTIN, MATEO 5228 NW 103RD AVE MIAMI FL 33178			Street A	Street Address (P.O. Box Number is Not Acceptable) 10594 NW 52 Terrace		
			I	MIAMI FL 33178		
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 agen	t and title if applicable. (NOTE	Registered Agent signat	ure required	when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTD SAN MARTIN, MATTHEW 5228 NW 103RD AVE MIAMI FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Mage ☐ Addition 594 NW 52 Terrace AMI, FLORIDA 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROSITA, DON 4680 W 17 CT HIALEAH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FRANK, DON 4680 W 17 CT HIALEAH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	

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 action.

SIGNATURE:

SAN MARTIN SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR