


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90022 030 ****61.25

DOCUMENT # N01000008769

1. Entity Name
POR CUBA, INC.



Principal Place of Business
**604 CRANDON BLVD STE 201
 KEY BISCAIYNE FL 33149**

Mailing Address
**604 CRANDON BLVD STE 201
 KEY BISCAIYNE FL 33149**

2. Principal Place of Business
814 PONCE DE LEON BL

3. Mailing Address
604 CRANDON BL.

Suite, Apt. #, etc.
#303

Suite, Apt. #, etc.
#201

City & State
CORAL GABLES, FL.

City & State
KEY BISCAIYNE, FL.

Zip
33134

Country
USA

Zip
33149

Country
USA



MOORE CR2E037 (11/03)

4. FEI Number
65-0616222

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SOFIA POWELL-COSIO PA
 1390 BRICKELL AVE STE 200
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-TREASURER ALVAREZ, ELIZABETH T 9731 SW 20 STREET MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TARAF, ELA ELIA 235 BUTTOWOOD DR. KEY BISCAIYNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETANCOURT, MABEL 881 OCEAN DRIVE #26-B KEY BISCAIYNE FL 33149	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, JULIE S 150 SUNRISE DRIVE #5-C KEY BISCAIYNE FL 33149	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARANGO, MADIE 10420 SW 97 COURT MIAMI FL 33176	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COSCULLUELA, MARIA E 112 CRANDON 2825 GRANADA Blvd # 2-A KEY BISCAIYNE FL 33149 Coral Gables Fla. 33134	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SYLVIA G. IRIONDO 881 OCEAN DR. # 22-B KEY BISCAIYNE, FLA. 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY EILEEN GARDIE 301 SUNRISE #5BW KEY BISCAIYNE, FLA. 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT ILEANA PAIG 1121 CRANDON BLVD. # F1007 KEY BISCAIYNE, FLA. 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-SECRETARY MARISA TARRAO 8801 SW # 113 Pl. Circle West MIAMI, FLA. 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Sylvia G. Iriondo* **President** 1/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____