


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000008769 1. Entity Name POR CUBA, INC.	
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Principal Place of Business 2250 S.W. THIRD AVENUE #302 MIAMI, FL 33129	Mailing Address 604 CRANDON BLVD STE 201 KEY BISCAYNE, FL 33149
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03152006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 65-0616222	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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)

Filing Fee is \$61.25
Due by May 1, 2008

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

11700000478296
04-18-06 09026 006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ALVAREZ, ELIZABETH T 9731 SW 20 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TARAF, ELIA 235 BUTTWOOD DR. KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRIONDO, SYLVIA G 881 OCEAN DR #22-B KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOUDIE, EILEEN 301 SUNRISE #5BW KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PING, ILEANA 1121 CRANDON BLVD #F1007 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COSCULLUELA, MARIA E 2825 CRANDON BLVD #2-A CORAL GABLES, FL 33134

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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 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: *Elia Taraf* **ELIA TARAF** **3-17-06** **305-361-6800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #