


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90222 044 \*\*\*\*61.25

DOCUMENT # N03000001901					
1. Entity Name MEMORIAL CUBANO, INC.					
Principal Place of Business 5151 SW 8TH STREET MIAMI, FL 33134			Mailing Address 5151 SW 8TH STREET MIAMI, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOMEZ, RENATO 5151 SW 8TH STREET MIAMI, FL 33134				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	V/D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, FRANCISCO			NAME	
STREET ADDRESS	6600 SW 24 ST.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP	
TITLE	S/D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLERNEU, EMILIO			NAME	
STREET ADDRESS	5151 SW 8 ST.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33134			CITY-ST-ZIP	
TITLE	VS/D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOBIL, EMILIO			NAME	
STREET ADDRESS	6415 SW 42 ST.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP	
TITLE	VS/D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRERA, EDDY			NAME	
STREET ADDRESS	13975 SW 9 ST.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33184			CITY-ST-ZIP	
TITLE	T/D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, IRMA			NAME	
STREET ADDRESS	6600 SW 24 ST.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Francisco Garcia</i>				3/9/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	



03042006 Chg-NP CR2E037 (11/05)

4. FEI Number 56-2330115 Applied For Not Applicable

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