2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005
Secretary of State

DOCUMENT# N95000002154

Entity Name: CUBANET NEWS, INC.

Current Principal Place of Business:

145 MADEIRA, SUITE 316
#207
CORAL GABLES, FL 33134

New Principal Place of Business:

145 MADEIRA
#207
CORAL GABLES, FL 33134

Current Mailing Address:

145 MADEIRA, SUITE 316
#207
CORAL GABLES, FL 33134

New Mailing Address:

145 MADEIRA
#207
CORAL GABLES, FL 33134

FEI Number: 65-0615598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HERNANDEZ, MD J
7901 ERWIN RD
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HERNANDEZ, JOSE A MD
Address: 7901 ERWIN RD
City-St-Zip: CORAL GABLES, FL 33143

Title: VPD ( ) Delete
Name: BERRE, ROSA
Address: 30 PHOENETIA AVE., #6
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete
Name: FITERRE, IGNACIO E
Address: 1921 SW 84 COURT
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete
Name: ESPASANDE, JUAN A
Address: 820 SALZEDO APT 404
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: BERRE, ROSA
Address: 6614 SW 114 PLACE # A
City-St-Zip: MIAMI, FL 33173

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ESPASANDE, JUAN A
Address: 1852 SW 16TH. ST.
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA BERRE MS. 07/08/2005

Electronic Signature of Signing Officer or Director — Date