2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000133037

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIRAMAR, FL 33029 US

ALVAREZ, ABÉLARDO F

18562 SW 42ND STREET

MIRAMAR, FL 33029 US

() Delete

DIR

FILED Apr 27, 2007 Secretary of State

Entity Name: A CUBE ENTERTAINMENT INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
18562 SW MIRAMAR,	42ND STREE FL 33029	T US				
Current Mailing Address:			New Maili	New Mailing Address:		
18562 SW MIRAMAR,	42ND STREE FL 33029	T US				
FEI Number:	20-5765633	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1111 LINCO SUITE 400		PORATION AGENTS, INC. 9 US				
The above in the State		submits this statement for the po	urpose of changing i	its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electro	nic Signature of Registered Age	nt	Date		
Election Cam	paign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES (ALVAREZ, ABE 18562 SW 42N MIRAMAR, FL	ID STREET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TRES (ALVAREZ, ANT 18562 SW 42N MIRAMAR, FL	ID STREET	Title: Name: Address: City-St-Zip:	TRES (X) Change () Addition ALVAREZ, ANTONIO M 8757 NW 189 TERRACE MIAMI, FL 33018 US		
Title: Name: Address:	SECT (ALVAREZ, JOS 18562 SW 42N		Title: Name: Address:	SECT (X) Change () Addition ALVAREZ, JOSE E 18252 NW 7TH STREET		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PEMBROKE PINES, FL 33029 US

() Change () Addition

SIGNATURE: ABELARDO F. ALVAREZ **PRES** 04/27/2007