2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006471

City-St-Zip:

LONG BEACH, CA 90806

CLIDA TOANEL OFFINIOFO INC

FILED Jul 05, 2005 Secretary of State

Entity Nai	me: CUBA I	RAVEL SERVICES, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
7300 CORPORATE CENTER DRIVE SUITE 703 MIAMI, FL 33126				8280 NW 27TH STREET SUITE 7516 MIAMI, FL 33122		
Current Mailing Address:				New Mailing Address:		
SUITE 570	OY AIRPORT) ACH, CA 908					
FEI Number	: 95-4727906	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CRAIG A. HAMMOND, CPA 7300 CORPORATE CENTER DRIVE SUITE 703 MIAMI, FL 33126 US				CRAIG A. HAMMOND, CPA 8280 NW 27TH STREET SUITE 516 MIAMI, FL 33122 US		
	e named entity e of Florida.	submits this statement for the	purpose o	f changing its registere	ed office or registered agent, or both,	
SIGNATURE:					07/05/2005	
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TEJADILLA, G	AIRPORT WAY SUITE 570		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RICHARDSON	AIRPORT WAY SUITE 570		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NICOLAS, VAI	AIRPORT WAY SUITE 570		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	BRORSON, LI) Delete EROY AIRPORT WAY SUITE 570		Title: Name: Address:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CRAIG HAMMOND **CFO** 07/05/2005