

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 355121

FILED
Apr 22, 2005
Secretary of State

Entity Name: CUBAN CHAIN MANUFACTURING, INC.

Current Principal Place of Business:

1400 SE 9 CT
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

1400 SE 9 CT
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 59-1299111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, ORLANDO
1400 SE 9 CT
HIALEAH, FL 33010 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEREZ, ORLANDO,
Address: 628 S.E. 6 PL.
City-St-Zip: HIALEAH, FL

Title: SD () Delete
Name: PEREZ, CARMELA,
Address: 628 S.E. 6 PL.
City-St-Zip: HIALEAH, FL

Title: TD () Delete
Name: PEREZ, IREANA
Address: 241 TOTOLOCHEE DR
City-St-Zip: HIALEAH, FL

Title: VPD () Delete
Name: PEREZ, ORLANDO M
Address: 15907 SW 01 CT.
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VPD (X) Change () Addition
Name: PEREZ, ORLANDO M
Address: 15907 SW 61 CT.
City-St-Zip: DAVIE, FL 33331

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.

SIGNATURE: IREANA PEREZ

TD

04/22/2005

Electronic Signature of Signing Officer or Director

Date