

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90343 042 ****61.25

DOCUMENT # 717751

1. Entity Name
CORAL CUBANA, INC.



Principal Place of Business
**340 SEVILLA AVE.
CORAL GABLES, FL 33134**

Mailing Address
**340 SEVILLA AVE.
CORAL GABLES, FL 33134**

40072884



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242006

Chg-NP

CR2E037 (11/05)

4. FEI Number
51-0188260

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIERA, MARIA DEL CARMEN
1329 BLUE RD.
CORAL GABLES, FL 33146**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

T
NAME
STREET ADDRESS
CITY-ST-ZIP
**RIERA, JOSE L.
1329 BLUE RD.
CORAL GABLES, FL**

☐ Delete

T
NAME
STREET ADDRESS
CITY-ST-ZIP
**RIERA JOSE L
4400 ANDERSON Rd
CORAL GABLES, FL 33146**

☐ Change ☐ Addition

D
NAME
STREET ADDRESS
CITY-ST-ZIP
**RIERA, JOSE A.
425 SEVILLA AVE.
CORAL GABLES, FL 33134**

☐ Delete

D
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

PD
NAME
STREET ADDRESS
CITY-ST-ZIP
**RIERA, MARIA DEL C.
1329 BLUE ROAD
CORAL GABLES, FL**

☐ Delete

PD
NAME
STREET ADDRESS
CITY-ST-ZIP
**RIERA, MARIA DEL C
4400 ANDERSON Rd
CORAL GABLES, FL 33146**

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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:

MARIA DEL CARMEN RIERA *Maria del Carmen Riera* 4/25/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #