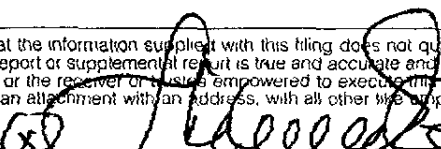


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L36527 1. Entity Name AMERICUBA INC.					
Principal Place of Business % JOSE LUIS CABRERA 2116 PALM AVENUE HIALEAH FL 33010			Mailing Address % JOSE LUIS CABRERA 2116 PALM AVENUE HIALEAH FL 33010		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			4. FEI Number Applied For 65-0178923 ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent CABRERA, JOSE LUIS 2116 PALM AVENUE HIALEAH FL 33010		
7. Name and Address of New Registered Agent 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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (Typed Registered Agent signature required when running for)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PSD	☐ Delete	TITLE	☐ Change	☐ Add
NAME	CABRERA, JOSE LUIS		NAME		
STREET ADDRESS	681 E. 41ST STREET		STREET ADDRESS		
CITY- ST- ZIP	HIALEAH FL		CITY- ST- ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
U00000416244 02/13/06-80008-011 150.00					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:  Jose L. Cabrera-PH 1-31-06 305-882-000					