


**FILED**  
**Jun 02, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90156 008 \*\*\*150.00

FAX NO.

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # L85800</b>			
1. Entity Name CUBA EXPRESS TRAVEL, INC.			
Principal Place of Business 1722 WEST 68TH STREET HIALEAH, FL 33014		Mailing Address 1722 WEST 68TH STREET HIALEAH, FL 33014	
2. Principal Place of Business		2. Mailing Address	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 165-0206790		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERTA MARTINEZ, HECTOR 1820 WEST 53RD STREET APT. # 504 HIALEAH, FL 33012		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
I, the above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am further with, and accept the obligations of registered agent.			
SIGNATURE: <i>Berta Martinez</i>		DATE	
8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Berta Martinez</i>		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

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