


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90022 030 \*\*\*\*61.25

<b>DOCUMENT #</b> N01000008769	
<b>1. Entity Name</b> POR CUBA, INC.	

<b>Principal Place of Business</b> 604 CRANDON BLVD STE 201 KEY BISCAVNE FL 33149	<b>Mailing Address</b> 604 CRANDON BLVD STE 201 KEY BISCAVNE FL 33149
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<b>2. Principal Place of Business</b> 814 PONCE DE LEON BL Suite, Apt. #, etc. #303 City & State CORAL GABLES, FL. Zip 33134 Country USA	<b>3. Mailing Address</b> 604 CRANDON BL. Suite, Apt. #, etc. #201 City & State KEY BISCAVNE, FL. Zip 33149 Country USA
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MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 65-0616222	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> SOFIA POWELL-COSIO PA 1390 BRICKELL AVE STE 200 MIAMI FL 33131	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

**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	
<b>TITLE</b> VICE-TREASURER <input type="checkbox"/> Delete	<b>NAME</b> ALVAREZ, ELIZABETH T <b>STREET ADDRESS</b> 9731 SW 20 STREET <b>CITY-ST-ZIP</b> MIAMI FL 33165	<b>TITLE</b> PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> SYLVIA G. IRIONDO <b>STREET ADDRESS</b> 881 OCEAN DR. # 22-B <b>CITY-ST-ZIP</b> KEY BISCAVNE, FLA. 33149
<b>TITLE</b> TREASURER <input type="checkbox"/> Delete	<b>NAME</b> TARAF, ELA ELIA <b>STREET ADDRESS</b> 235 BUTTONWOOD DR. <b>CITY-ST-ZIP</b> KEY BISCAVNE FL 33149	<b>TITLE</b> SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> EILEEN GARDIE <b>STREET ADDRESS</b> 301 SUNRISE #5BW <b>CITY-ST-ZIP</b> KEY BISCAVNE FLA. 33149
<b>TITLE</b> D <input checked="" type="checkbox"/> Delete	<b>NAME</b> BETANCOURT, MABEL <b>STREET ADDRESS</b> 881 OCEAN DRIVE #26-B <b>CITY-ST-ZIP</b> KEY BISCAVNE FL 33149	<b>TITLE</b> VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> ILEANA PAIG <b>STREET ADDRESS</b> 1121 CRANDON BLVD. # F1007 <b>CITY-ST-ZIP</b> KEY BISCAVNE FLA. 33149
<b>TITLE</b> D <input checked="" type="checkbox"/> Delete	<b>NAME</b> ALVAREZ, JULIE S <b>STREET ADDRESS</b> 150 SUNRISE DRIVE #5-C <b>CITY-ST-ZIP</b> KEY BISCAVNE FL 33149	<b>TITLE</b> VICE-SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> MARISOL TARRAO <b>STREET ADDRESS</b> 8801 SW # 113 Pl. Circle West <b>CITY-ST-ZIP</b> MIAMI, FLA. 33176
<b>TITLE</b> D <input checked="" type="checkbox"/> Delete	<b>NAME</b> ARANGO, MADIE <b>STREET ADDRESS</b> 10420 SW 97 COURT <b>CITY-ST-ZIP</b> MIAMI FL 33176	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
<b>TITLE</b> DVP <input type="checkbox"/> Delete	<b>NAME</b> COSCULLUELA, MARIA E <b>STREET ADDRESS</b> 112 CRANDON 2825 GRANADA BLVD # 2-A <b>CITY-ST-ZIP</b> KEY BISCAVNE FL 33149 Coral Gables FLA. 33134	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>

**12.** I hereby certify that the information supplied with this filing does not qualify 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 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** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Sylvia G. Iriondo President 1/29/04 **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_