

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008769

FILED
Apr 07, 2005
Secretary of State

Entity Name: POR CUBA, INC.

Current Principal Place of Business:

814 PONCE DE LEON BL
#303
CORAL GABLES, FL 33134

New Principal Place of Business:

2250 S.W. THIRD AVENUE
#302
MIAMI, FL 33129

Current Mailing Address:

604 CRANDON BLVD STE 201
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-0616222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOFIA POWELL-COSIO PA
1390 BRICKELL AVE STE 200
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: ALVAREZ, ELIZABETH T
Address: 9731 SW 20 STREET
City-St-Zip: MIAMI, FL 33165

Title: T () Delete
Name: TARAFIA, ELIA
Address: 235 BUTTONWOOD DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: P () Delete
Name: IRIONDO, SYLVIA G
Address: 881 OCEAN DR #22-B
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S () Delete
Name: GOUDIE, EILEEN
Address: 301 SUNRISE #5BW
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP () Delete
Name: PING, ILEANA
Address: 1121 CRANDON BLVD #F1007
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DVP () Delete
Name: COSCULLUELA, MARIA E
Address: 2825 CRANDON BLVD #2-A
City-St-Zip: CORAL GABLES, FL 33134

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA G. IRIONDO

P

04/07/2005

Electronic Signature of Signing Officer or Director

Date