


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003477	
1. Entity Name MUNICIPIO DE CUBA - MUN.JOVELLANOS INC.	

Principal Place of Business 444 SW 64TH CT. MIAMI, FL 33144	Mailing Address 444 SW 64TH CT. MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



04092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 52-2368842	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent QUINGS, MIRIAM E 444 SW 64 CT MIAMI, FL 33144

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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 _____	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U000000114518 04/15/04-80053-015 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIROS, MIRIAM E 444 SW 64TH CT. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTEAGA, GARDENIA 6825 W. FLAGLER ST., #209 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, JOSE M 819 AVENIDA HERMOSA W. PALM BCH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: <i>Miriam Quiros</i>	4/7/04	305-2620778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #