

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003477

FILED
Apr 30, 2006
Secretary of State

Entity Name: MUNICIPIO DE CUBA - MUN.JOVELLANOS INC.

Current Principal Place of Business:

444 SW 64TH CT.
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

444 SW 64TH CT.
MIAMI, FL 33144

New Mailing Address:

FEI Number: 52-2368842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

QUIROS, MIRIAM E
444 SW 64 CT
MIAMI, FL 33144 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: D () Delete
Name: QUIROS, MIRIAM E
Address: 444 SW 64TH CT.
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: ARTEAGA, GARDENIA
Address: 6825 W. FLAGLER ST., #209
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: GOMEZ, JOSE M
Address: 819 AVENIDA HERMOSA
City-St-Zip: W. PALM BCH, FL 33405

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MIRIAM E. QUIROS

D

04/30/2006

Electronic Signature of Signing Officer or Director

Date