

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008863

FILED
May 01, 2006
Secretary of State

Entity Name: CUBART, INC.

Current Principal Place of Business:

100 BEACOM BLVD.
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

100 BEACOM BLVD.
MIAMI, FL 33135

New Mailing Address:

FEI Number: 59-3762435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DURAN, ALFREDO G
2601 S. BAYSHORE DR., STE. 1400
MIAMI, FL 33133 US

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: P () Delete
Name: CASALS, HAMLET
Address: 100 BEACOM BLVD.
City-St-Zip: MIAMI, FL 33135

Title: VS () Delete
Name: ARZOLA, MARLENE
Address: 1250 LINCOLN RD., APT. 301
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD () Delete
Name: TOLEDO, EMY
Address: 9959 N.W. 9TH ST. CIRCLE, NO. 3
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: SALAZAR, MANING
Address: 1521 ALTON RD SO FLO
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: VALDES, ELVIRA
Address: 5700 COLLINS AVE #10F
City-St-Zip: MIAMI BEACH, FL 33140

Title: T () Delete
Name: HYMAN, JAY
Address: 237 SW 7TH AVE
City-St-Zip: DELRAY BEACH, FL 33483

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 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: HAMLET CASALS

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date