2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005
Secretary of State

DOCUMENT# N03000009775

Entity Name: CUBA LINKS MINISTRIES, INC.

Current Principal Place of Business:

17720 SW 111 AVE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

17720 SW 111 AVE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-1218128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABREIRA, GUSTAVO REV.
17720 SW 111 AVE
MIAMI, FL 33157 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: DP ( ) Delete
Name: ABREIRA, GUSTAVO
Address: 17720 SW 111 AVE
City-St-Zip: MIAMI, FL 33157

Title: DT ( ) Delete
Name: ABREIRA, DALIA
Address: 17720 SW 111 AVE
City-St-Zip: MIAMI, FL 33157

Title: DS ( ) Delete
Name: SANTIESTEBAN, REINERYO REV.
Address: 220 23 ST
City-St-Zip: MIAMI BCH, FL 33139

Title: D ( ) Delete
Name: RODRIGUEZ, ANTONIO REV.
Address: 4061-E 6 AVE
City-St-Zip: HIALEAH, FL 33013

Title: D ( ) Delete
Name: EXPOSITO, JESUS REV
Address: 2580 W 2 AVE
City-St-Zip: HIALEAH, FL 33010

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:

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: GUSTAVO ABREIRA DP 03/04/2005

Electronic Signature of Signing Officer or Director — Date