2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005
Secretary of State

DOCUMENT# N04000007420

Entity Name: MISS CUBAN AMERICAN U.S.A. AND MISS TEEN CUBAN AMERICAN U.S.A., INC.

Current Principal Place of Business:

12239 SW 14TH LANE
APT. 3110
MIAMI, FL 33184

New Principal Place of Business:

Current Mailing Address:

12239 SW 14TH LANE
APT. 3110
MIAMI, FL 33184

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

ALONSO, RAMON
905 SW 1ST STREET
APT. 108
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

EUGENIO, GARCIA
7365 S W 8 STREET
MIAMI, FL 33144 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: GLORIA ESTHER PRINCIGALLI 08/24/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PANCIGALLI, GLORIA ESTHER
Address: 12239 SW 14TH LANE, UNIT 108
City-St-Zip: MIAMI, FL 33184

Title: D ( ) Delete
Name: GARCIA, LUIS
Address: 12239 SW 14TH LANE, UNIT 108
City-St-Zip: MIAMI, FL 33184

Title: D ( ) Delete
Name: PEREZ, ERICK
Address: 12239 SW 14TH LANE, UNIT 108
City-St-Zip: MIAMI, FL 33184

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 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: GLORIA ESTHER PRINCIGALLI PD 08/24/2005
Electronic Signature of Signing Officer or Director Date