


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90150 012 *****70.00

DOCUMENT # N07235	
1. Entity Name EDITORIAL CUBANA, INC.	

Principal Place of Business 500 SW 127 AVE. MIAMI FL 33184	Mailing Address 500 SW 127 AVE. MIAMI FL 33184
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1st MOORE CR2E037 (10/04)

4. FEI Number 59-2603589	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RASCO, JOSE IGNACIO 500 SW 127 AVE. MIAMI FL 33184	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOTIFOLL, LUIS J. 500 S.W. 127 AVENUE MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RAMOS, MARCOS ANTONIO 2765 SW 32 COURT MIAMI, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RASCO, JOSE IGNACIO 500 S.W. 127 AVENUE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RASCO, JOSE IGNACIO 500 SW 127 AVENUE MIAMI, FL 33184 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORGE, GUILLERMO 500 S.W. 127 AVENUE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GARRIDO JR., JOSE A. 4725 SANTA MARIA ST. CORAL GABLES, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCELINO, GARCIA S.J. 500 S.W. 127TH AVE. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS POWELL-COSIO, SOFIA 1900 SW 3RD AVENUE MIAMI, FL 33129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEJANDRE, A. ARMANDO 500 S.W. 127TH AVE. MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MURAI, LUISA B. 3833 ALHAMBRA CT. CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ABELLA, ANTONIO 500 S.W. 127TH AVE. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNEZ JAVIER 2100 PONCE DE LEON, SUITE 1110 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jose Ignacio Rasco **04/21/05** **(305) 223-8600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #