
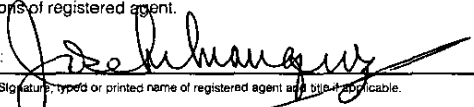
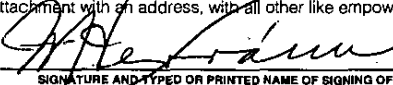


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90032 004 ****61.25

DOCUMENT # N46365					
1. Entity Name CANTABRIA HOUSE U.S.A., INC. (CASA CANTABRIA U.S.A., INC.)					
Principal Place of Business 782 NW LEJEUNE ROAD #548 MIAMI, FL 33126 US			Mailing Address 782 NW LEJEUNE ROAD #548 MIAMI, FL 33126 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0342176	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARQUEZ, JOSE M. 782 NW LEJEUNE ROAD #548 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name: Law Offices of Street Address: Marquez & Marcelo Robaina, P.A. LeJeune Center, Suite 548 782 N.W. LeJeune Road City: Miami, Florida 33126 FL Zip Code:		
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: 			DATE: 4/22/04		
(NOTE: Registered Agent signature required when reinstating)			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME HERRAN, MANUEL A.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8460 SW 5TH STREET	CITY-ST-ZIP MIAMI, FL		STREET ADDRESS	CITY-ST-ZIP	
TITLE VD	NAME CUADRADO, ALFREDO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3315 DURANGO STREET	CITY-ST-ZIP CORAL GABLES, FL		STREET ADDRESS	CITY-ST-ZIP	
TITLE SD	NAME COSSIO, VINCENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5876 SW 16 STREET	CITY-ST-ZIP MIAMI, FL		STREET ADDRESS	CITY-ST-ZIP	
TITLE SC	NAME SANTIS, MARIO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4505 SW 59TH AVENUE	CITY-ST-ZIP MIAMI, FL		STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME BUSTILLO, JOSE GOMEZ	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1301 VALENCIA AVNUE	CITY-ST-ZIP CORAL GABLES, FL		STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME MESTRE, CARMINA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1545 TRILLO AVENUE	CITY-ST-ZIP CORAL GABLES, FL		STREET ADDRESS	CITY-ST-ZIP	
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: 			DATE: 4/22/04 (305) 447-1160		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					