

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90022 027 ****61.25

DOCUMENT # N97000005350 1. Entity Name CUBA ON-LINE, INC.					
Principal Place of Business 7112 S.W. 47TH STREET MIAMI, FL 33155 US			Mailing Address P.O. BOX 558510 MIAMI, FL 33255-8510 US		
2. Principal Place of Business - No P.O. Box # 12555 MOSS RANCH ROAD		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI, FLORIDA		City & State		4. FEI Number 65-0838360	
Zip 33166		Country MIAMI--DADE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOUCOREK, TODD 1242 N DUVAL ST TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-STATE-ZIP	PD SUCHLICKI, JAIME 7112 S.W. 47 STREET MIAMI, FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 1 GROVE ISLE, APT. 1605 COCONUT GROVE, FLORIDA 33133		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HAMMAN, HENRY 7112 S.W. 47TH STREET MIAMI, FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition P.O. BOX 3147 SEWANEE, TENN. 37375		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ULRICH, MERTEN 7112 S.W. 47TH STREET MIAMI, FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 12555 MOSS RANCH ROAD MIAMI, FLORIDA 33156		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>ULRICH MERTEN</u> MANAGING DIRECTOR 2/4/08 305-662-4023 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					