

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003780

FILED
Mar 27, 2006
Secretary of State

Entity Name: PUENTES CUBANOS INC.

Current Principal Place of Business:

1925 BRICKELL AVE.,TH #17
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1925 BRICKELL AVE.,TH #17
MIAMI, FL 33129

New Mailing Address:

FEI Number: 65-0931328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILHELM, SILVIA
1925 BRICKELL AVE.,TH #17
MIAMI, FL 33129 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: MD () Delete
Name: WILHELM, CHARLES C
Address: 1925 BRICKELL AVE
City-St-Zip: MIAMI, FL 33139

Title: SRA () Delete
Name: CASTRO, MAX
Address: UNIV OF MIAMI /N/SCWTEE
City-St-Zip: MIAMI, FL 33139

Title: AAL () Delete
Name: CIBRIAN, DAVID
Address: 100 W HOUSTON ST STE 1400
City-St-Zip: SAN ANTONIO, TX 78205

Title: ED () Delete
Name: ARAOZ, GUSTAVO F
Address: 401 F STREET NW ROOM 331
City-St-Zip: WASHINGTON, DC 20001

Title: CEO () Delete
Name: MOSQUERA, LUIS
Address: 1372 S UNETIN WAY
City-St-Zip: MIAMI BEACH, FL 33139

Title: CPD () Delete
Name: PUBILLONES, LILLIAN
Address: 1211 CONN. AVE STE 510
City-St-Zip: WASHINGTON, DC 20036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SRA (X) Change () Addition
Name: CASTRO, MAX
Address: 1762 SW 16 STREET
City-St-Zip: MIAMI, FL 33145

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: MOSQUERA, LUIS
Address: 1372 S VENETIAN CAUSE WAY
City-St-Zip: MIAMI BEACH, FL 33139

Title: CPD (X) Change () Addition
Name: PUBILLONES, LILLIAN
Address: 10904 STANMORE DRIVE
City-St-Zip: POTOMAC, MD 20854

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SILVIA WILHELM

MS.

03/27/2006

Electronic Signature of Signing Officer or Director

Date