

**2008-NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000003780**

1. Entity Name  
**PUNTES CUBANOS INC.**



Principal Place of Business  
**1925 BRICKELL AVE., TH #17  
MIAMI, FL 33129**

Mailing Address  
**1925 BRICKELL AVE., TH #17  
MIAMI, FL 33129**



04072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0931328**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WILHELM, SILVIA  
1925 BRICKELL AVE., TH #17  
MIAMI, FL 33129**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD WILHELM, CHARLES C 1925 BRICKELL AVE MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRA CASTRO, MAX 1762 SW 16 STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AAL CIBRIAN, DAVID 100 W HOUSTON ST STE 1400 SAN ANTONIO, TX 78205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MOSQUERA, LUIS 801 EAST HALLANDALE BEACH BLVD, SUITE 200 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000890196  
04/22/08-80085-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Silvia Wilhelm*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*April P, JMS* 305-858-4002