


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000027944</b> 1. Entity Name <b>PRO TEATRO CUBANO, INC.</b>		
Principal Place of Business 9759 NW 30TH STREET MIAMI, FL 33172	Mailing Address 9759 NW 30TH STREET MIAMI, FL 33172	
<b>DO NOT WRITE IN THIS SPACE</b>		
<div style="display: flex; justify-content: space-between;"> <span>04222004    No Chg-P    CR2E034 (10/03)</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         4. FEI Number  <b>65-0992581</b> </div> <div style="width: 35%; border: 1px solid black; padding: 2px;">         Applied For          Not Applicable       </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         5. Certificate of Status Desired    <input type="checkbox"/> </div> <div style="width: 35%; text-align: right;"> <b>\$8.75</b> Additional Fee Required       </div> </div>		
6. Name and Address of Current Registered Agent		
MONTES, MATIAS 9759 NW 30TH STREET MIAMI, FL 33172	<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b> </div> <div style="width: 40%;">         9. Election Campaign Financing Trust Fund Contribution    <input type="checkbox"/>    <b>\$5.00</b> May Be Added to Fees       </div> <div style="width: 30%;"></div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONTES, MATIAS 9759 NW 30TH STREET MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MONTES, YARA G 9759 NW 30TH STREET MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME 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 607, 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.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <i>Matias Montes</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> <i>April 29, 2004</i>  <small>Date</small> </div> <div style="width: 40%; text-align: right;"> <i>305-640-2422</i>  <small>Daytime Phone #</small> </div> </div>		

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04/30/04-80002-008 150.00