2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-7IP

changed, or on an attachment with

SIGNATURE:

Apr 13, 2007 08:00 All Secretary of State DOCUMENT # P01000009493 1. Entity Name CUBA FAMILIA ENVIOUS SERVICES, INC. Principal Place of Business Mailing Address 8351 S.W. 32ND STREET 8351 S.W. 32ND STREET MIAMI, FL 33155 MIAMI, FL 33155 04112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1074468 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANCHEZ, MARIO L DO NOT WRITE 8351 S.W. 32ND STREET MIAMI, FL 33155 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. CASE DE SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. DATE ···· - (NOTE: Registered Agent signature required when reinstating) ... 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. 🗓 After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE **PVST** SANCHEZ, MARIO L NAME 8351 S.W. 32ND STREET STREET ADDRESS U00000705760 CITY-ST-ZIP MIAMI, FL 33155 04/24/07-80006-021 150.00 MILE SANCHEZ, MARIO L NAME 8351 S.W. 32ND STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C!TY-ST-ZIP TITLE, AND AND AND NAME โมสิงค์ ครัว พ.ศ. 1 นี้ส์ ... STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 frustey employee this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED