

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90001 014 \*\*\*558.75

DOCUMENT # P01000021054

1. Entity Name  
SUBA, INC.



Principal Place of Business  
STE 105 2829 FLORIDA BLVD  
DELRAY BEACH, FL 33483

Mailing Address  
STE 105 2829 FLORIDA BLVD  
DELRAY BEACH, FL 33483

**50062188**



2. Principal Place of Business  
**7543 CEDARWOOD CR**  
Suite, Apt. #, etc.

3. Mailing Address  
**7543 CEDARWOOD CR**  
Suite, Apt. #, etc.

06112005 Chg-P CR2E034 (10/03)

City & State  
**BOCA RATON FL**  
Zip  
**33434** Country  
**USA**

City & State  
**BOCA RATON FL**  
Zip  
**33434** Country  
**USA**

4. FEI Number  
**65-1092767** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DI MARCO, GINO J  
STE 105 2829 FLORIDA BLVD  
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name **FERNANDO CORTES**

Street Address (P.O. Box Number is Not Acceptable)

**7543 CEDARWOOD CR**

City **BOCA RATON FL** Zip Code **33434**

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: **FERNANDO CORTES** DATE: **AUG. 10/05**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **DI MARCO, GINO J**  
STREET ADDRESS **STE 105 2829 FLORIDA BLVD**  
CITY-STATE-ZIP **DELRAY BEACH, FL 33483**

TITLE **PS** ☒ Delete  
NAME **MARCI, GINO T**  
STREET ADDRESS **2829 FLA BLVD. STE. 105**  
CITY-STATE-ZIP **DELRAY BEACH, FL 33483**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/S** ☒ Change ☐ Addition  
NAME **FERNANDO CORTES**  
STREET ADDRESS **7543 CEDARWOOD CR**  
CITY-STATE-ZIP **BOCA RATON, FL 33434**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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.

SIGNATURE: **FERNANDO CORTES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AUG 10/05** **561-4874232**  
Date Date/Time Phone #