2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State
03-11-2005 90316 007 ***150.00

DOCUMENT # P01000096139

1. Entity Name
LACUBANITA ENTERPRISES INC.

50024994

Principal Place of Business	Mailing Address
7315 E. BROADWAY AVE. TAMPA, FL 33619	8901 EAGLE WATCH DR RIVERVIEW, FL 33569

03082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	7315 E. BROADWAY AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: TAMPA FL
Zip / Country	Zip: 33619 / Country: Hillsborough

4. FEI Number: 59-3758623 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, MARY LYNN
8901 EAGLE WATCH DR.
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name: COLON YAHAIRA
Street Address (P.O. Box Number is Not Acceptable): 7315 E BROADWAY AVE
City: TAMPA FL Zip Code: 33619

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: (P) Yahaira H Colon DATE: 3/8/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS SMITH, MARYLYNN 8901 EAGLE WATCH DR RIVERVIEW, FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COLON, YAHAIRA H. 7315 E. BROADWAY AVE TAMPA FL 33619	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, SCOTT A 7315 E. BROADWAY AVE. TAMPA, FL 33619	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: (P) Yahaira H Colon Date: 3/8/05 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR