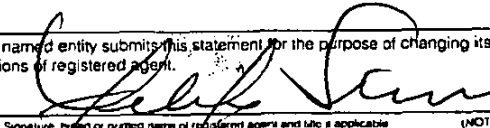
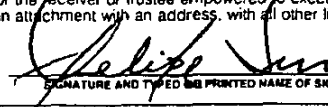


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-06-2006 90019 037 ***150.00

DOCUMENT # P01000115969 1. Entity Name RECUERDOS DE CUBA, INC.			
Principal Place of Business 12343 SW 132ND CT. MIAMI FL 33186		Mailing Address 12343 SW 132ND CT. MIAMI FL 33186	
2. Principal Place of Business 10428 S.W. 118 PLACE Suite, Apt. #, etc.		3. Mailing Address 10428 S.W. 118 PLACE Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA Zip 33186 Country USA		City & State MIAMI, FLORIDA Zip 33186 Country USA	
4. FEI Number 01-0627875		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIERRA, FELIPE 12343 SW 132ND CT. MIAMI FL 33186		7. Name and Address of New Registered Agent Name Felipe Sierra Street Address (P.O. Box Number is Not Acceptable) 10428 S.W. 118 PLACE City MIAMI FL 33186	
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  DATE 4-18-06 Signature, printed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	D SIERRA, FELIPE 12343 SW 132ND CT. MIAMI FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete FELIPE SIERRA 10428 S.W. 118 PL. MIAMI, FL 33186	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 exemptions contained in Section 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 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:  Felipe Sierra DATE 4-3-06 (305) 274-8611 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			