

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000015085

1. Entity Name
USA/CUBA FINANCIAL FUNDS INC.



FILED
04 APR 28 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5391 W. 20 AVE.
HIALEAH, FL 33012

Mailing Address
5391 W. 20 AVE.
HIALEAH, FL 33012



2. Principal Place of Business
1401 West Flager Street
Suite, Apt. #, etc.
Suite: 207
City & State
Miami, FL

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Miami, FL

Zip
33135

Country
USA

04272004 Chg-P CR2E034 (10/03)

4. FEI Number
01-0679386

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LIMA, MARTHA
104 SW 15 RD.
MIAMI, FL 33129

7. Name and Address of New Registered Agent
Name
LIMA, MARTHA
Street Address (P.O. Box Number is Not Acceptable)
1401 WEST FLAGER STREET STE 207
City
Miami
FL
Zip Code
33135

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD	<input type="checkbox"/> Delete	TITLE	(PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARDINAS, ALEXANDER		NAME	Sardinas, Alexander	
STREET ADDRESS	104 SW 15 RD.		STREET ADDRESS	5391 W. 20 AVE	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE	(VSTD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIMA, MARTHA		NAME	Lima, Martha	
STREET ADDRESS	104 SW 15 RD.		STREET ADDRESS	1401 West Flager Street Suite: 207	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	Miami, FL 33135	
TITLE		<input type="checkbox"/> Delete	TITLE	(S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LLAMERA, EUGENIO	
STREET ADDRESS			STREET ADDRESS	3580 E 8TH COURT	
CITY-ST-ZIP			CITY-ST-ZIP	Hialeah, FL 33013	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: *X [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #