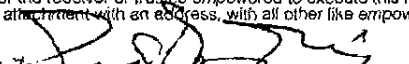


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000135226														
1. Entity Name COMBATE NEWS AND POR SIEMPRE CUBA, INC.														
Principal Place of Business 150 E. 1 AVE. #1116 HIALEAH, FL 33014	Mailing Address 150 E. 1 AVE. #1116 HIALEAH, FL 33014	 04282006 No Chg-P CRZE034 (11/05) <table border="1"><tr><td>4. FEI Number 20-1682727</td><td>Applied For ☐ Not Applicable</td></tr><tr><td>5. Certificate of Status Desired ☐</td><td>\$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 20-1682727	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required								
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DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent RODRIGUEZ MEDINA, PEDRO 150 E. 1 AVE. #1116 HIALEAH, FL 33014		DO NOT WRITE 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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE _____														
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees												
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>PSTD RODRIGUEZ MEDINA, PEDRO 150 E. 1 AVE. #1116 HIALEAH, FL 33014</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RODRIGUEZ MEDINA, PEDRO 150 E. 1 AVE. #1116 HIALEAH, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE 1178100547728 05/12/06-80033-024 150.00														
12. I hereby certify that the information supplied with this filing 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 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:  PEDRO RODRIGUEZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/27/06 (305) 696-0071 Date Daytime Phone #												