2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000026355

1. Entity Name
U.S.-CUBA TRADE CONSULTANTS, INC.

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SECRET
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Principal Place of Business
ONE HARBOUR PLACE
777 S. HARBOUR ISLAND BLVD., STE. #280X 255
TAMPA, FL 33602

Mailing Address
ONE HARBOUR PLACE
777 S. HARBOUR ISLAND BLVD., STE. #280X 255
TAMPA, FL 33602

2. Principal Place of Business
Suite, Apt. #, etc
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip Country

06282005 REIN-P CR2E098 (6/04)

4. FEI Number
421621739
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, DANIEL J
ONE HARBOUR PLACE
777 S. HARBOUR ISLAND BLVD., STE. #280X 255
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Daniel J. Fernandez
Signature of new registered agent, if applicable
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN FUTURE
TITLE	D	☐ Delete	☐ Change ☐ Addition
NAME	FERNANDEZ, DANIEL J		
STREET ADDRESS	1 HARBOUR PL. 777 S. HARBOUR ISL.. #280X 255		
CITY-ST-ZIP	TAMPA, FL 33602		
TITLE	D	☐ Delete	☐ Change ☐ Addition
NAME	MAURICIO, MICHAEL		
STREET ADDRESS	1 HARBOUR PL. 777 S. HARBOUR ISL.. #280X 255		
CITY-ST-ZIP	TAMPA, FL 33602		
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

500057346735
07/12/05--01038--005 **900.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel J. Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR