


*** 2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P03000101902	
1. Entity Name CUBA USA MIAMI MEDICAL CONVENTION, INC.	

Principal Place of Business 2695 LEJEUNE ROAD - SUITE 300 CORAL GABLES, FL 33134	Mailing Address 2695 LEJEUNE ROAD - SUITE 300 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0553570	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ARIAS, PATRICIA M
2701 SOUTH BAYSHORE DRIVE
SUITE 605
COCONUT GROVE, FL 33133

**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 _____
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RODRIGUEZ, VICENTE 1125 SOUTHWEST 102ND AVENUE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CARBONNEL, CLAUDIA 1125 SOUTHWEST 102ND AVENUE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RODRIGUEZ, VICENTE J JR. 1125 SOUTHWEST 102ND AVENUE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/15/06-80009-018 150.00

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IN THIS SPACE**

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:  **4/27/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #