2007 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Apr 24, 2007 8:00 am Secretary of State

DOCUMENT # P03000109896 1. Entity Name RINCON CUBANO OF CAPE CORAL INC.						04-24-200	7 90017 019 **	*150.00
Principal Place of Business 958 COUNTRY CLUB BLVD. UNIT A CAPE CORAL, FL 33990		Mailing Address 958 COUNTRY CLUB BLVD. UNIT A CAPE CORAL, FL 33990			4007		BIDE NENI BEKKE JERET IEKIE LE	RA CINICAL AL ABO
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112007	Chg-P	CR2E034 (12/6	06)
City & Stat	e	City & State			4. FEI Number 71-0954			Applied For Not Applicable
Zip	Country	Zip	Country			f Status Desired	□ \$8.75 Fee Req	Additional
	6. Name and Address of Curren	t Registered Agent	1		7. Name and A	Address of New	Registered Agent	
•				Name REYES CARLOS				
REYES, CARLOS								
2737 SW 12TH PL CAPE CORAL, FL 33914				Street Address (P.O. Box Number is Not Acceptable)				
				538 SE 8TH ST				
3				Z"AP	CORAL		FL Zip	940-2855
	named entity submits this statement fi tions of registered agent.	or the purpose of changing I	irs regisiere	a onice or re	gistered agent, or both	i, in the State of F	-lorida, i am familiar v	vith, and accept
SIGNATORE.	Signature, types of printed name of registered agen	ni and title il applicable (NC	DTE Registered	Agent signature n	equired when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Camp Trust Fund Co	-	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	CHANGES TO OF	FICERS AND DIRECT	ORS IN 11
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NAME	•		NAME	E E 4 E 3 C 1 1 E E C 5				
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STREET ADDRESS CITY-ST-ZIP				ST-ZIP				

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND THE ED OF BRINGE OF SIGNING OFFICER OR DIRECTOR

PRESIDENT.