

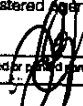
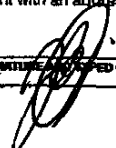
FROM : MENENDEZ

FAX NO. : 305 2697949

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90039 008 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000135666 1. Entity Name CUBUS CONSTRUCTION, INC.					
Principal Place of Business 7228 GATESHEAD CIRCLE APT. 1 ORLANDO, FL 32822			Mailing Address 7228 GATESHEAD CIRCLE APT. 1 ORLANDO, FL 32822		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RODRIGUEZ, JOSE ANGEL 7228 GATESHEAD CIRCLE APT. 1 ORLANDO, FL 32822				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:  (NOTE: Registered Agent signature required when re-registering) Date: 01/28/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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		TITLE		
NAME	RODRIGUEZ, JOSE ANGEL ☐ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS	7228 GATESHEAD CIRCLE APT. 1		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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: 			Date: 01/28/2004 (407) 766-2482		
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

44006576



01222004 Chg-P CR2ED04 (10/03)

 4. FEI Number **47-0934881** Applied For ☐ Not Applicable ☐

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

FL Zip Code

01/28/04

DATE