
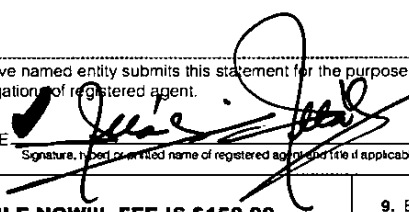
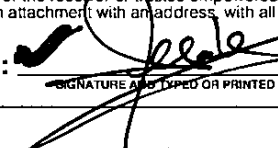


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90312 013 ***158.75

DOCUMENT # P04000068934 1. Entity Name CUBANA DE AVIACION S.A. INC.					
Principal Place of Business 3971 SW 8TH ST - STE 206 MIAMI, FL 33134			Mailing Address P O BOX 52-2481 MIAMI, FL 33152-2481		
2. Principal Place of Business 2050 CORAL WAY Suite, Apt. #, etc. Suite 511			3. Mailing Address P.O. Box 52-2481 Suite, Apt. #, etc.		
City & State MIAMI, FLORIDA			City & State MIAMI, FLORIDA		
Zip 33145		Country U.S.		4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ILLA, RICHARD C 3971 SW 8TH ST - STE 206 MIAMI, FL 33134			7. Name and Address of New Registered Agent Name ILLA, RICHARD C. Street Address (P.O. Box Number is Not Acceptable) 2050 CORAL WAY Suite # 511 City MIAMI FL Zip Code 33145		
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 obligation of registered agent. SIGNATURE  Richard C. Illa. 03-28-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HECHAVARRIA, ARIANNYS 3971 SW 8TH ST - STE 206 MIAMI, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HECHAVARRIA, ARIANNYS 2050 CORAL WAY Suite 511 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALSINA, PEDRO NILO 3971 SW 8TH ST - STE 206 MIAMI, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T/D ALSINA, PEDRO NILO 2050 CORAL WAY Suite 511 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ILLA, RICHARD C 3971 SW 8TH ST - STE 206 MIAMI, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ILLA, RICHARD C 2050 CORAL WAY Suite 511 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DONATES, PEDRO C 3971 SW 8TH ST - STE 206 MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
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: 			03/28/2005 (786)-273-0892		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		