2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068934

FILED May 01, 2006 Secretary of State

					,
Entity Name: CUBANA DE AVIA	ACION S.A. INC.				
Current Principal Place of Business:		New Princ	New Principal Place of Business:		
2050 CORAL WAY SUITE 511 MIAMI, FL 33145					
Current Mailing Address:		New Maili	New Mailing Address:		
P O BOX 52-2481 MIAMI, FL 331522481					
FEI Number: FEI Nu	Number: FEI Number Applied For (X) FEI N		icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
ILLA, RICHARD C 2050 CORAL WAY SUITE 511 MIAMI, FL 33145 US					
The above named entity submits t in the State of Florida.	his statement for the p	urpose of changing it	ts registered of	fice or registered	agent, or both,
SIGNATURE:					
Electronic Signa	nt	Date			
In accordance with s. 607.193(2)(b), F. Election Campaign Financing Trust Fu		t receive the prior notic	e.		
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: PD () Delete Name: HECHAVARRIA, ARIANNY Address: 2050 CORAL WAY, SUITE City-St-Zip: MIAMI, FL 33145		Title: Name: Address: City-St-Zip:	PSD (X) HECHAVARRIA, 2050 CORAL W MIAMI, FL 3314	AY, SUITE 511	

Title: VPTD () Delete ALSINA, PEDRO NILO Name: Address: 2050 CORAL WAY, SUITE 511

MIAMI, FL 33145 City-St-Zip:

(X) Delete Title: SD Name: ILLA, RICHARD C

City-St-Zip: MIAMI, FL 33145

2050 CORAL WAY, SUITE 511 Address:

Title: (X) Change () Addition

ALSINA, PEDRO NILO Name: Address: 2050 CORAL WAY, SUITE 511

City-St-Zip: MIAMI, FL 33145

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIANNYS HECHAVARRIA **PSD** 05/01/2006