


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90038 010 ***150.00

DOCUMENT # P04000088278	
1. Entity Name EL POTRO CUBANO, INC.	

Principal Place of Business 1556 GRETCHEN AVE S LEHIGH ACRES, FL 33971	Mailing Address 1556 GRETCHEN AVE S LEHIGH ACRES, FL 33971
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04132008 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0603855	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RODRIGUEZ, CATALINA M 1556 GRETCHEN AVE S LEHIGH ACRES, FL 33971

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FIGUEREDO, ARGELIO B 1556 GRETCHEN AVE S LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, CATALINA M 1556 GRETCHEN AVE S LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T CRUZ, DAGOBERTO 11228 N.W. 1ST TERRACE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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: *Argelio B. Figueredo* President - 4/14/08 786-486-8614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #