

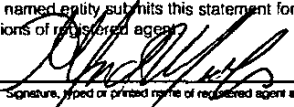
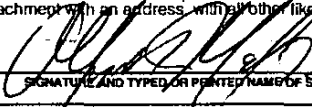


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P04000091867</b> 1. Entity Name <b>CUMBALA SPORT PUB, INC.</b>					
Principal Place of Business <b>6531 SUNSET STRIP, SUITE 1 SUNRISE, FL 33313</b>			Mailing Address <b>6531 SUNSET STRIP, SUITE 1 SUNRISE, FL 33313</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">05 AUG -8 AM 9:36</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="font-size: 12px;">08022005    Chg-P    CR2E034 (10/03)</div>	
City & State		City & State			
Zip      Country		Zip      Country			
4. FEI Number <b>55-0879899</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				<div style="font-size: 12px;">           6. Name and Address of Current Registered Agent  <b>FAJARDO, LUIS D 6531 SUNSET STRIP, SUITE 1 SUNRISE, FL 33313</b> </div> <div style="font-size: 12px;">           7. Name and Address of New Registered Agent            Name <b>Alfredo Morales</b>            Street Address (P.O. Box Number is Not Acceptable) <b>6531 SUNSET STRIP, SUITE 1</b>            City <b>SUNRISE</b>    <b>FL</b>    Zip Code <b>33313</b> </div>	
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  <b>Alfredo Morales, President</b> <b>8/3/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Amended AR is \$61.25    9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P FAJARDO, LUIS D 6531 SUNSET STRIP SUITE 1 SUNRISE, FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORALES, ALFREDO 6531 SUNSET STRIP, SUITE 1 SUNRISE, FL. 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAYA, REINA A 6531 SUNSET STRIP SUITE 1 SUNRISE, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>Alfredo Morales</b> <b>8/3/05</b> <b>954-749-5252</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					