

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000097845

Entity Name: CUBITA OSTERIA, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

264 MIRACLE MILE
CORAL GABLES, FL 33134

New Principal Place of Business:

2530 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Current Mailing Address:

264 MIRACLE MILE
CORAL GABLES, FL 33134

New Mailing Address:

2530 PONCE DE LEON
CORAL GABLES, FL 33134

FEI Number: 20-1309925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREVITI, PETER
5825 SUNSET DRIVE
SUITE 210
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZUOZO, GIUSEPPE PRSD
Address: 264 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134

Title: VPST () Delete
Name: FONSECA, RICHARD
Address: 264 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: FONSECA, RICHARD
Address: 264 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: ZUOZO, GIUSEPPE
Address: 2530 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: DVPS (X) Change () Addition
Name: FONSECA, RICHARD R
Address: 2465 SW 17 AVE
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 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: RICARDO R FONSECA

VP

04/29/2008

Electronic Signature of Signing Officer or Director

Date