

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000100402**

1. Entity Name  
**CUBICA DESIGN CENTER, INC.**



Principal Place of Business  
**3705 54TH. DR. W.  
SUITE # 101  
BRADENTON, FL 34210**

Mailing Address  
**3705 54TH. DR. W.  
SUITE # 101  
BRADENTON, FL 34210**



06172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1465383</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RAMIREZ, MERCEDES C  
3705 54TH. DR. W  
SUITE # 101  
BRADENTON, FL 34210**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RAMIREZ, MERCEDES C 3705 54TH. DR. W, SUITE # 101 BRADENTON, FL 34210</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SPILIMBERGO, GABRIELE 3705 54TH DR W STE 101 BRADENTON, FL 34210</b>
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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 \_\_\_\_\_

SIGNATURE OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_

06/18/07 9417260312

DATE DAYTIME PHONE# \_\_\_\_\_