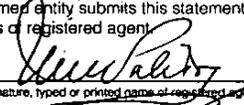


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90192 026 ***158.75

| | | | |
|--|---|--|---|
| DOCUMENT # P04000141052 | |  | |
| 1. Entity Name CONSTITUCION CUBANA 1940 MIAMI, INC. | | | |
| Principal Place of Business 9472 SW 154TH PLACE MIAMI, FL 33196 | | Mailing Address 9472 SW 154TH PLACE MIAMI, FL 33196 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 1820 JAMES AVENUE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. c/o VALIDO - #2B | |
| City & State | | City & State MIAMI BEACH - FL | |
| Zip | Country | Zip | Country |
| 33139 | | 33139 | DADE |
| 4. FEI Number 20-1748102 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GARCIA, LUIS I 9472 SW 154TH PLACE MIAMI, FL 33196 | | Name FELIX M. VALIDO | |
| | | Street Address (P.O. Box Number is Not Acceptable) 1820 JAMES AVENUE - 2B | |
| | | City MIAMI BEACH - | |
| | | FL Zip Code 33139 | |
| 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  (FELIX M. VALIDO) | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 GARCIA, LUIS I 9472 SW 154TH PLACE MIAMI, FL 33196 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CARRILLO, FRANCISCO 9472 SW 154TH PLACE MIAMI, FL 33196 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Alberto Martinez Arizola <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5665 SW 169 Rd. PATH. N-FL 33193 |
| 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 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: Luis Garcia  | | 4/107 305-752-6101 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

40085701



04082007 Chg-P CR2E034 (12/06)