

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

DADE

04082007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-1748102

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$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

(Signature) (FELIX M. VALIDO)

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CARRILLO, FRANCISCO
9472 SW 154TH PLACE
MIAMI, FL 33196 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Alberto Martinez Arizola
5665 SW 169th PATH. N-FL 33193 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07

Date

305-752-6101

Daytime Phone #