

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 31, 2006 8:00 am**  
**Secretary of State**

08-31-2006 90001 011 \*\*\*150.00

**DOCUMENT # P04000145165**

1. Entity Name  
**CUMBA CONVENIENCE STORE CORP.**



Principal Place of Business      Mailing Address  
**43568 U.S. HWY 27**      **P.O. BOX 771053**  
**DAVENPORT, FL 33837 US**      **ORLANDO, FL 32877 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**40102100**



07262006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**77-0649953**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CUMBA, AURORA MRS.**  
**1104 LIBERTY HALL DRIVE**  
**KISSIMMEE, FL 34746**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>CUMBA, AURORA MRS.</b>
STREET ADDRESS	<b>1104 LIBERTY HALL DRIVE</b>
CITY-ST-ZIP	<b>KISSIMMEE, FL 34746</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>CUMBA, RAFAEL SR.</b>
STREET ADDRESS	<b>1104 LIBERTY HALL DRIVE</b>
CITY-ST-ZIP	<b>KISSIMMEE, FL 34746</b>
TITLE	<b>OM</b> <input type="checkbox"/> Delete
NAME	<b>CUMBA, RAFAEL E JR.</b>
STREET ADDRESS	<b>1104 LIBERTY HALL DRIVE</b>
CITY-ST-ZIP	<b>KISSIMMEE, FL 34746</b>
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

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: *Aurora Cumba*      Date: 8/28/06      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR