

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90006 022 ***150.00

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1. Entity Name
CUBITA DISCOUNTS, CORP



Principal Place of Business

1901 W FLAGLER STREET
SUITE 14
MIAMI, FL 33135

Mailing Address

1901 W FLAGLER STREET
SUITE 14
MIAMI, FL 33135

401100



05222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1250841

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FLOREZ, MARTHA
1901 WEST FLAGLER ST., SUITE 14
MIAMI, FL 33135

**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 PD
NAME FLOREZ, MARTHA
STREET ADDRESS 1901 WEST FLAGLER ST., SUITE 14
CITY-ST-ZIP MIAMI, FL 33135

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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: *x Martha Florez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/23/07 (786) 487-6398

Date

Daytime Phone #