

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076794

FILED
Apr 19, 2006
Secretary of State

Entity Name: JEWISH CUBAN EXPERIENCE INC.

Current Principal Place of Business:

19452 CEDAR GLEN DR.
BOCA RATON, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

19452 CEDAR GLEN DR.
BOCA RATON, FL 33434 US

New Mailing Address:

FEI Number: 05-0623471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERKOWITZ, GLORIA
19452 CEDAR GLEN DR.
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: BERKOWITZ, GLORIA
Address: 19452 CEDAR GLEN DR.
City-St-Zip: BOCA RATON, FL 33434 US

Title: DIR () Delete
Name: WEINSTEIN, MARK
Address: 22976 B. OXFORD PLACE
City-St-Zip: BOCA RATON, FL 33434 US

Title: VP () Delete
Name: WEINSTEIN, MARK
Address: 22976 B. OXFORD PLACE
City-St-Zip: BOCA RATON, FL 33434 US

Title: SEC () Delete
Name: WEINSTEIN, MARK
Address: 22976 OXFORD PLACE
City-St-Zip: BOCA RATON, FL 33434 US

Title: TREA () Delete
Name: WEINSTEIN, MARK
Address: 22976 OXFORD PLACE
City-St-Zip: BOCA RATON, FL 33434 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA BERKOWITZ

DIR

04/19/2006

Electronic Signature of Signing Officer or Director

Date