

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90036 006 \*\*\*150.00

40023002



1st MOORE CR2E034 (10/05)

**DOCUMENT # P05000089463**

1. Entity Name

KIMBARA CINE CUBANO INC.



Principal Place of Business

5490 WEST 8TH COURT  
HIALEAH FL 33012

Mailing Address

5490 WEST 8TH COURT  
HIALEAH FL 33012

2. Principal Place of Business

5490 W 8 CT  
Suite, Apt. #, etc.

3. Mailing Address

5490 W 8 CT  
Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

HIALEAH FL

4. FEI Number

20-3039495

☒ Applied For

☐ Not Applicable

Zip

33012

Country

USA

Zip

33012

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

ARCELO, FELICIA M  
5490 WEST 8TH COURT  
HIALEAH FL 33012

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 Felicia M. Arcelo Felicia M. Arcelo

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME RODRIGUEZ, BARBARO E  
STREET ADDRESS 5490 WEST 8TH COURT  
CITY- ST- ZIP HIALEAH FL 33012

TITLE VP ☐ Delete  
NAME ARCELO, FELICIA M  
STREET ADDRESS 5490 WEST 8TH COURT  
CITY- ST- ZIP HIALEAH FL 33012

TITLE T ☐ Delete  
NAME RODRIGUEZ, BARBARO E  
STREET ADDRESS 5490 WEST 8TH COURT  
CITY- ST- ZIP HIALEAH FL 33012

TITLE S ☐ Delete  
NAME ARCELO, FELICIA M  
STREET ADDRESS 5490 WEST 8TH COURT  
CITY- ST- ZIP HIALEAH FL 33012

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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 Section 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: Felicia M. Arcelo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-556-2559