

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90024 050 ***150.00

DOCUMENT # P05000158851	
1. Entity Name	
SOL CUBA VACATIONS INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5398 W 20 LN	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State HIALEAH, FL	City & State	4. FEI Number 20-3925705	Applied For <input type="checkbox"/> Not Applicable
Zip 33016	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DIAZ, ENEIDA
Street Address (P.O. Box Number is Not Acceptable) 5398 W 20 LN
City HIALEAH
State FL
Zip Code 33016

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:

Eneida Diaz

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to: Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, ENEIDA 5398 W 20 LN HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAZ, JESUS 5398 W 20 LN HIALEAH, FL 33016
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Eneida Diaz

ENEIDA DIAZ, PRESIDENT

2/7/2006

(305) 218-8140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #