


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90014 033 ***150.00

DOCUMENT # P05000159355					
1. Entity Name EL CUBANITO TRANSPORTE INC					
Principal Place of Business 2121 NW 8TH PLACE CAPE CORAL, FL 33993 US			Mailing Address 2421 NW 8TH PL. CAPE CORAL, FL 33993 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2121 NW 8 Place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Cape Coral, FL			
Zip	Country	33993	USA	03262008 Chg-P CR2E034 (12/06)	
4. FEI Number 20-3901205				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ ALONSO, NESTOR A 15534 SW 9 LANE MIAMI, FL 33194			7. Name and Address of New Registered Agent Name: Nestor A. Lopez Alfonso Street Address (P.O. Box Number is Not Acceptable): 2121 NW 8 Place City: Cape Coral FL Zip Code: 33993		
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: 		DATE: 3/26/08			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ ALONSO, NESTOR A 2121 NW 8TH PL. CAPE CORAL, FL 33993		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lopez Alfonso, Nestor A. 2121 NW 8 Place Cape Coral, FL 33993	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		President		3/26/08 239-573-1343	
Signature and typed or printed name of signing officer or director					