FILED Jun 04, 2007 8:00 am Secretary of State 04-26-2007 90195 040 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000124421 1. Entity Name SAZON CUBANO, INC.						04-20-200	37 90193	040	130.00
			1			ou			
Principal Plac	e of Business	Mailing Address							
542 SW 12TH AVE SUITE 4 542 SW 12TH AVE S MIAMI, FL 33130 MIAMI, FL 33130			JITE 4		1 0 0 T 1 1 1	RPITS OCCU 4 BUT SPAT SPA	i i i i i i i i i i i i i i i i i i i	61212 M224 I I	Drifts in 1401
2. Principal Place of Business - No P.O. Box # 3. Mailing Add									
Suite. Apt. #. etc.		Suite, Apt. #, etc.			04212007	Chg-P	CR2E034	(12/06)	
City & State		City & State			4. FEI Number	20-563	0570		pplied For of Applicable
Zip	Country	Zip	Country		·	of Status Desired	rn \$4	8.75 Ad le Require	ditional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
URGELLES, LEONARDO 1629 NW 14TH ST APT 211 MIAMI, FL 33125				Street Address (P.O. Box Number is Nox Acceptable)					
			City				FL	Zip Coc	ie
8. The above	named entity submits this statement fi	or the purpose of changing i	ts registered office	or register	ed agent, or both	n, in the State of Fig.	orida. I am lar	niliar with	and accept
SIGNATURE.									
Sidien one.	Signature, typed or privated name of registered again	N and title if applicable (NC	OTE Registered Agent sign	127ura required	when renstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Camp Trust Fund Cor		\$5.	00 May Be ed to Fees				
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	IRECTOR	S IN 11
TITLE HAME	P URGELLES, LEONARDO	Delete	TITLE NAME	-			Ε	Change	Addition
STREET ADDRESS CITY-ST-ZIP	1629 NW 14TH ST APT 211		STREET ADDRESS CHY-ST-ZIP	;					ļ
TITLE	MIAMI, FL 33125	Delete	TITLE				·] Change	☐ Addition
NAME	SEDANO, AMALIA E	peae	NAME				t	_i clearige	☐ Accilion
STREET ADDRESS	1629 NW 14TH ST APT 211		STREET ADDRESS	;					
CITY-ST-72P	MIAMI, FL 33125	Daw.	CITY-ST-ZIP						
RITLE NAME		☐ Delete	TITLE NAME				L] Change	Addition
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TITLE		Delete	TITLE	-				7 Phoese	
NAME		Li nase	NAME				L] Change	☐ Addition]
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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: * Slacio PACCIOGNT 4/24/07 (301) 642-082									