

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90022 010 ***150.00

DOCUMENT # P06000155912

1. Entity Name
CUBICA DESIGN CENTER 1 INC.



Principal Place of Business
**905 BRICKELL BAY DRIVE
TOWER 11 LOBBY SUITE 227
MIAMI, FL 33131**

Mailing Address
**905 BRICKELL BAY DRIVE
TOWER 11 LOBBY SUITE 227
MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

260 CRANDON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #32 PMB 69

City & State

City & State

KEY BISCAYNE FL.

Zip

Country

Zip

Country

33149

DADE

06172007

Chg-P

CR2E034 (12/06)

4. FEI Number

760845693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPILIMBERGO, GABRIELE
905 BRICKELL BAY DRIVE
TOWER 11 LOBBY SUITE 227
MIAMI, FL 33131**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-18-07

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPILIMBERGO, GABRIELE 905 BRICKELL BAY DR. TOWER II, SUITE 227 MIAMI, FL 33131	<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.