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FILED
Jun 02, 2008 8:00 am
Secretary of State

03-20-2008 90039 019 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000011914

1. Entity Name
CABINA TELEFONICA CUBA 80, INC.

66013002

03162008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
16546 SW 51ST STREET MIRAMAR, FL 33027	748 E 10TH ST HIALEAH, FL 33010

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
748 E 10 Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH	City & State
Zip: 33010 Country: MIAMI-DADE	Zip Country

4. FEI Number 20-8363551 ☐ 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
COCA, ROLANDO 16546 SW 51ST STREET MIRAMAR, FL 33027	Name: PACHECO, VIVIANA Street Address (P.O. Box Number is Not Acceptable): 885 W 68 ST City: HIALEAH FL Zip Code: 33014

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: X [signature] ______ DATE ______
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. ☐ **$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	D COCA, ROLANDO 16546 SW 51ST STREET MIRAMAR, FL 33027	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PACHECO, VIVIANA 885 W 68 ST HIALEAH, FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #