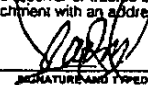


2008 FOR PROFIT CORPORATION ANNUAL REPORT

3/

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

03-20-2008 90039 019 ***150.00

DOCUMENT # P07000011914			
1. Entity Name CABINA TELEFONICA CUBA 80, INC.			
Principal Place of Business 16546 SW 51ST STREET MIRAMAR, FL 33027		Mailing Address 748 E 10TH ST HIALEAH, FL 33010	
2. Principal Place of Business - No P.O. Box # 748 E 10th Street		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH		City & State	
Zip 33010	Country HIALEAH	Zip	Country
8. Name and Address of Current Registered Agent COCA, ROLANDO 16546 SW 51ST STREET MIRAMAR, FL 33027		7. Name and Address of New Registered Agent 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 		DATE	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

66013002



03162008 Chg-P CR2E034 (12/06)

4. FEI Number
20-836355/ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required