

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048931

FILED
Jan 03, 2008
Secretary of State

Entity Name: CUBED GROUP INC.

Current Principal Place of Business:

1390 SOUTH DIXIE HWY STE 2114
CORAL GABLES, FL 33156

New Principal Place of Business:

100 ALMERIA AVE
SUITE 202
CORAL GABLES, FL 33134

Current Mailing Address:

1390 SOUTH DIXIE HWY STE 2114
CORAL GABLES, FL 33156

New Mailing Address:

100 ALMERIA AVE
SUITE 202
CORAL GABLES, FL 33134

FEI Number: 20-8895451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMONS, FOY H
14105 SW 82 AVE
MIAMI, FL 33158 US

Name and Address of New Registered Agent:

EBNER, URS D
100 ALMERIA AVE
202
CORAL GABLES, FL 33134 US

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.

SIGNATURE: URS EBNER

01/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANCHEZ, WILLIM
Address: 1390 SOUTH DIXIE HWY STE 2114
City-St-Zip: CORAL GABLES, FL 33156

Title: D () Delete
Name: EBNER, URS
Address: 1390 SOUTH DIXIE HWY STE 2114
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SANCHEZ, WILLIM
Address: 100 ALMERIA AVE # 202
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: EBNER, URS
Address: 100 ALMERIA AVE # 202
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: URS EBNER

D

01/03/2008

Electronic Signature of Signing Officer or Director

Date