

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000036937

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** VIA CUBA TRAVEL & SERVICES, INC

**Current Principal Place of Business:**

1848 SHOWER TREE WAY  
WELLINGTON, FL 33414

**New Principal Place of Business:**

2198 W PALMA CIR  
WEST PALM BEACH, FL 33415

**Current Mailing Address:**

1848 SHOWER TREE WAY  
WELLINGTON, FL 33414

**New Mailing Address:**

2198 W PALMA CIR  
WEST PALM BEACH, FL 33415

**FEI Number:** 26-4757317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEON, OSNIEL  
1848 SHOWER TREE WAY  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

LEON, OSNIEL  
2198 W PALMA CIR  
WEST PALM BEACH, FL 33415 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: OSNIEL LEON

05/01/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEON, OSNIEL  
Address: 2198 W PALMA CIR  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MTG  
Name: LEON, NORA  
Address: 2198 W PALMA CIR  
City-St-Zip: WEST PALM BACH, FL 33415

I hereby 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 all other like empowered.

SIGNATURE: OSNIEL LEON

P

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date