


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000003096 1. Entity Name AMERICA-CUBA, INC.	
--	---

Principal Place of Business 16870 NW 78 PLACE MIAMI, FL 33016 US	Mailing Address 16870 NW 78 PLACE MIAMI, FL 33016 US
--	--



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3229732	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

8. Name and Address of Current Registered Agent GOYANES, JOSE 8275 N.W. 36TH STREET MIAMI, FL 33166	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.


FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP FONT, PEDRO 814-10 STREET BOULDER, CO 80302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOP GOYANES, JOSE 16870 NW 78 PLACE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VILLALBA, NICOLAS 3345 BRIDLE PATH LANE W. RANCE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONT, OSCAR AVENIDA EL BOSQUE 128 SAN ISIDRO, LIMA PERU,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONT, PETER 401 E 34TH STREET., APT SOUTH 4C NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000120265
04/19/04-80126-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/13/04 3055918373**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #