


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

07-05-2005 90116 036 ***150.00
P93000038886

FILED

05 JUL 15 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50054615

DOCUMENT # P93000038886 1. Entity Name YUMA-CUBA EXPRESS INC.	
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Principal Place of Business 4231 W 16 AVE HIALEAH, FL 33012 US	Mailing Address 4231 W 16 AVE HIALEAH, FL 33012 US
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07012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0417689	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TOURON, LIBRADA N. 4231 W 16 AVE HIALEAH, FL 33012

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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TOURON, LIBRADA N 7345 OAKMONT DRIVE MIAMI LAKES, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TOURON, ROBERTO L 7345 N OAKMONT DRIVE MIAMI LAKES, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

8/7/15

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-05 305-827-9222
Date Daytime Phone