

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90012 022 \*\*\*150.00

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1st MOORE CR2E034 (10/07)

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| <b>DOCUMENT # P93000038886</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 |                                                                                                                                         |  |  |
| 1. Entity Name<br><b>YUMA-CUBA EXPRESS INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                 |                                                                                                                                         |                                                                                   |  |
| Principal Place of Business<br><b>4231 W 16 AVE<br/>HIALEAH FL 33012<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                 | Mailing Address<br><b>4231 W 16 AVE<br/>HIALEAH FL 33012<br/>US</b>                                                                     |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 | 3. Mailing Address                                                                                                                      |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                 | Suite, Apt. #, etc.                                                                                                                     |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                 | City & State                                                                                                                            |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country              | Zip                             | Country                                                                                                                                 | 4. FEI Number <b>65-0417689</b>                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                 |                                                                                                                                         | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                 |                                                                                                                                         | 8.75 Additional Fee Required                                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TOURON, LIBRADA N.<br/>4231 W 16 AVE<br/>HIALEAH FL 33012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                                   |  |
| 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: _____<br><small>Signature, typed or printed name of registered agent, and date. NOTE: Registered Agent must be a resident of the State of Florida.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                 |                                                                                                                                         |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P                    | <input type="checkbox"/> Delete | TITLE                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TOURON, LIBRADA N    |                                 | NAME                                                                                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7345 OAKMONT DRIVE   |                                 | STREET ADDRESS                                                                                                                          |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MIAMI LAKES FL 33015 |                                 | CITY-ST-ZIP                                                                                                                             |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ST                   | <input type="checkbox"/> Delete | TITLE                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TOURON, ROBERTO L    |                                 | NAME                                                                                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7345 N OAKMONT DRIVE |                                 | STREET ADDRESS                                                                                                                          |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MIAMI LAKES FL 33015 |                                 | CITY-ST-ZIP                                                                                                                             |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Delete | TITLE                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                 | NAME                                                                                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 | STREET ADDRESS                                                                                                                          |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                 | CITY-ST-ZIP                                                                                                                             |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Delete | TITLE                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                 | NAME                                                                                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 | STREET ADDRESS                                                                                                                          |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                 | CITY-ST-ZIP                                                                                                                             |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Delete | TITLE                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                 | NAME                                                                                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 | STREET ADDRESS                                                                                                                          |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                 | CITY-ST-ZIP                                                                                                                             |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | <input type="checkbox"/> Delete | TITLE                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                 | NAME                                                                                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 | STREET ADDRESS                                                                                                                          |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                 | CITY-ST-ZIP                                                                                                                             |                                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                 | 02-29-08 President                                                                                                                      |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                 | Date                                                                                                                                    |                                                                                   |  |