



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000097682	
1. Entity Name CUBAN AMERICAN LINE, INC.	

Principal Place of Business 3670 S. WESTSHORE BLVD. TAMPA, FL 33629	Mailing Address 3670 S. WESTSHORE BLVD. 501 E KENNEDY BLVD SUITE 1700 TAMPA, FL 33629
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FILED
06 APR 28 AM 7:34
TAMPA, FLORIDA



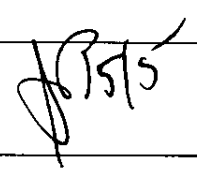
01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3612748	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VONSPIEGELFELD, ALLEN K 501 E KENNEDY BLVD SUITE 1700 TAMPA, FL 33602	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

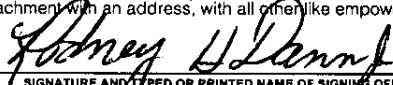
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD DANN, RODNEY H JR 3670 S. WESTSHORE BLVD. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS VONSPIEGELFELD, ALLEN K 501 E KENNEDY BLVD #501 TAMPA, FL 33602
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05/10/06--01006--008 **1650.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  1-27-06 (813) 251 5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #