


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90537 050 ***150.00

DOCUMENT # P96000059928 1. Entity Name CUBA EXPORT AND TRAVEL CORP.																													
Principal Place of Business 4534 W. 12 AVE. HIALEAH, FL 33012			Mailing Address 4534 W. 12 AVE. HIALEAH, FL 33012																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent MORALES, EUGENIO 4534 W 12 AVE HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name BURO SERV. Street Address (P.O. Box Number is Not Acceptable) 711 SW 15 TH AVE. City MIAMI FL Zip Code 33135																									
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 <u><i>Francisco Dela Paz</i></u> DATE <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">DP</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MORALES, EUGENIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4534 W 12 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33012</td> <td></td> </tr> </table>			TITLE	DP	<input checked="" type="checkbox"/> Delete	NAME	MORALES, EUGENIO		STREET ADDRESS	4534 W 12 AVE		CITY-ST-ZIP	MIAMI, FL 33012		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PSTD.</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CANIZAREZ, DOUGLAS A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4534 W 12 AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH FL 33012</td> <td></td> </tr> </table>			TITLE	PSTD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	CANIZAREZ, DOUGLAS A.		STREET ADDRESS	4534 W 12 AVE.		CITY-ST-ZIP	HIALEAH FL 33012	
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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: <u><i>Francisco Dela Paz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/28/05</u> Daytime Phone # <u>305 512 0202</u>																									