

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033483

Entity Name: CUBICHE, INC.

FILED
Mar 09, 2006
Secretary of State

Current Principal Place of Business:

851 CHICOPIT LANE
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

851 CHICOPIT LANE
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3455510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, ENRIQUE M
851 CHICOPIT LANE
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

FOWLER, WHITE, BOGGS, BANKER
50 NORTH LAURA STREET, SUITE 2200
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: TOM DEARING

03/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SILVA, E M
Address: 851 CHICOPIT LN
City-St-Zip: JAX, FL 32225

Title: P () Delete
Name: BENITEZ, N
Address: 309 PLANTATION CIR
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: ST (X) Delete
Name: QUINTANA, J
Address: 2297 OCEAN SIDE CT
City-St-Zip: ATLANTIC BCH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SILVA, ENRIQUE M MD
Address: 851 CHICOPIT LN
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP (X) Change () Addition
Name: QUINTANA, JUAN C MD
Address: 2297 OCEAN SIDE CT
City-St-Zip: ATLANTIC BCH, FL 32233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ENRIQUE M. SILVA, M.D.

P

03/09/2006

Electronic Signature of Signing Officer or Director

Date