2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2007 08:00 A Secretary of State DOCUMENT # P98000074155 1. Entity Name CUMBRES REP. CORP. Principal Place of Business Mailing Address APDO. 335-1000 SAN JOSE, COSTA RICA 11812 S.W. 103 LANE MIAMI FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 98-0195827 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORALES, GILBERTO Street Address (P.O. Box Number is Not Acceptable) 11812 S.W. 103 LANE **MIAMI FL 33186** 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 Signature, typed or printed name of registered agent and title ϵ applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HHE Delcic HHE Change ☐ Addition YGLESIAS, EDUARDO NAME NAME. AVE 6 CALLES 13 Y 15 NO 1342 STREET ADDRESS STREET ADDRESS SAN JOSE, COSTA RICA CITY-ST-ZIP CITY-ST-ZIP FILLE ☐ Defete IIILE ☐ Change Addition FISTER, WILLIAM D III NAME NAME 6916 SW 114TH AVE. STELLET ADDRESS STREET ADDRESS **MIAMI FL 33173** CHY-ST-7P CITY-ST-ZIP IMU. ☐ Defete ☐ Change ■ Addition FISTER, WILLIAM D JR. NAME NAMi U00000755725 STREET ADDRESS 6916 SW 114TH AVE. STREET ADDRESS 05/23/07-80002-010 150.00 **MIAMI FL 33173** CHY-ST-7P CITY-ST-ZIP [111] ☐ Delete TIFLE ☐ Change ■ Addition MORALES, GILBERTO NAMI NAME 11812 S.W. 103 LANE STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CHY-S1-7IP CUY-S1-7IP HID ☐ Defete mu ☐ Change ■ Addition NAM NAMI STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ITHE ☐ Delete TITLE ■ Addition NAME NAME STINET ADDRESS STREET ADDRESS CITY-ST-7IP I heroby 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 logal 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 altegramment with an address, with all other like empowered

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description

Description