

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000080087

Entity Name: OLA-CUBA, CORP.

FILED  
Apr 29, 2007  
Secretary of State

## Current Principal Place of Business:

3593 S.W. 25TH TERRACE  
MIAMI, FL 33133

## New Principal Place of Business:

## Current Mailing Address:

3593 S.W. 25TH TERRACE  
MIAMI, FL 33133

## New Mailing Address:

P.O. BOX 143224  
CORAL GABLES, FL 33114

FEI Number: 65-0861998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ACOSTA, LAHDER O  
3593 S.W. 25TH TERRACE  
MIAMI, FL 33133 US

## Name and Address of New Registered Agent:

ACOSTA, LAHOER O  
3593 S.W. 25TH TERRACE  
MIAMI, FL 33133 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: LAHOER O. ACOSTA

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: ACOSTA, OMAR L  
Address: 3593 S.W. 25TH TERRACE  
City-St-Zip: MIAMI, FL 33133

Title: P ( ) Delete  
Name: ACOSTA, LAHOER O  
Address: 3593 S.W. 25TH TERRACE  
City-St-Zip: MIAMI, FL 33133

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP ( ) Change (X) Addition  
Name: TREJO, ANISLEY  
Address: 8838 NW. 108TH LANE  
City-St-Zip: HIALEAH GARDENS, FL 33018

I hereby certify that the information supplied with this filing does not qualify 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: LAHOER O. ACOSTA

P

04/29/2007

Electronic Signature of Signing Officer or Director

Date