

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

07 MAR 30 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000096414 1. Entity Name CUBE HOUSE INCORPORATED	
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Principal Place of Business 116 GAVILAN AVENUE CORAL GABLES, FL 33143	Mailing Address 116 GAVILAN AVENUE CORAL GABLES, FL 33143
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

01112007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0875848		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MARQUEZ, MARGARET 116 GAVILAN AVENUE CORAL GABLES, FL 33143		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
FL		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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		300090594593 03/05/07--01002--012 **1117.50

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARQUEZ, MARGARET			NAME			
STREET ADDRESS	116 GAVILAN AVENUE			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33143			CITY-ST-ZIP			

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: *Margaret Marquez* Date: 1/11/07 Daytime Phone #: 305242-3103

Margaret Marquez 1/11/07 2/3/30