

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000022603

1. Entity Name  
CUBA AEREO, INC.



**FILED  
Mar 19, 2007 8:00 am  
Secretary of State**

03-19-2007 90056 042 \*\*\*150.00

Principal Place of Business  
P.O. BOX 52-3763  
MIAMI, FL 33162  
1421 SW 107 AV# 555  
MIAMI, FL 33174

2. Principal Place of Business - No P.O. Box #  
1421 SW 107 AV# 555

Suite, Apt. #, etc.  
# 555

City & State  
MIAMI, FL

Zip 33174 Country USA Zip 33174 Country USA

Mailing Address  
P.O. BOX 52-3763  
MIAMI, FL 33162

3. Mailing Address  
1421 SW 107 AV# 555

Suite, Apt. #, etc.  
# 555

City & State  
MIAMI, FL

Zip 33174 Country USA Zip 33174 Country USA

40036883



03132007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0905754

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, DIANA  
1440 S.W. 102ND PLACE  
MIAMI, FL 33174

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

*Dianna Rodriguez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Mar. 13, 2007*

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, DIANA 1440 S.W. 102ND PLACE MIAMI, FL 33174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RODRIGUEZ, JORGE 1440 SW 102ND PL MIAMI, FL 33174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Dianna Rodriguez*

*Mar. 13, 2007*

Date

Daytime Phone #

305-225-1570