

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000098049

Entity Name: LA CUBANA INVESTIGATIONS, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

717 PONCE DE LEON BLVD.
#305
CORAL GABLES, FL 33134

Current Mailing Address:

717 PONCE DE LEON BLVD.
#305
CORAL GABLES, FL 33134

New Principal Place of Business:

717 PONCE DE LEON BLVD.
#320
CORAL GABLES, FL 33134

New Mailing Address:

717 PONCE DE LEON BLVD.
#320
CORAL GABLES, FL 33134

FEI Number: 65-0514028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHORTHOUSE, ILIANA
717 PONCE DE LEON BLVD., STE 305
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SHORTHOUSE, ILIANA
717 PONCE DE LEON BLVD., STE 320
CORAL GABLES, FL 33134 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:

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHORTHOUSE, ILIANA
Address: 717 PONCE DE LEON BLVD. #305
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: SHORTHOUSE, ILIANA
Address: 717 PONCE DE LEON BLVD. #305
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHORTHOUSE, ILIANA
Address: 717 PONCE DE LEON BLVD. #320
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: SHORTHOUSE, ILIANA
Address: 717 PONCE DE LEON BLVD. #320
City-St-Zip: CORAL GABLES, FL 33134

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: ILIANA SHORTHOUSE

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date