

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000104492

Entity Name: CUBE CARE CO.

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6043 NW 167TH STREET  
SUITE A 28  
MIAMI LAKES, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 171-741  
HIALEAH, FL 330171741

**New Mailing Address:**

FEI Number: 65-0962207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBLEDO, SUSANA  
6700 BROOKLINE DRIVE  
HIALEAH, FL 33015 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROBLEDO, SUSANA  
Address: 6700 BROOKLINE DR.  
City-St-Zip: HIALEAH, FL 33015

I hereby 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 all other like empowered.

SIGNATURE: SUSANA ROBLEDO

PRES

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date