

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V44527**

1. Entity Name  
**KUBWA CORP.**



Principal Place of Business  
**201 S. BISCAYNE BLVD  
34TH FLOOR- MIAMI CENTER  
MIAMI, FL 33131 US**

Mailing Address  
**201 S. BISCAYNE BLVD  
34TH FLOOR- MIAMI CENTER  
MIAMI, FL 33131 US**

**DO NOT WRITE IN THIS SPACE**



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0338902**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FERRELL GROUP CORP. SERVICES, LLC  
201 S. BISCAYNE BLVD  
STE 3400  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 resigning)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DEL ROSAL SR, JORGE LUIS  
STREET ADDRESS 201 S.BISCAYNE BLVD.,STE 3400  
CITY-ST-ZIP MIAMI, FL 33131

TITLE VPTD  
NAME DEL ROSAL JR, JORGE LUIS  
STREET ADDRESS 201 S.BISCAYNE BLVD.,STE 340  
CITY-ST-ZIP MIAMI, FL 33131

TITLE VPS  
NAME WILSON, FREDERICK  
STREET ADDRESS 201 S.BISCAYNE BLVD.,STE 340  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000155061  
05/05/04-80022-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FREDERICK WILSON**

**4/23/2004**

Date

Daytime Phone #

**305 573 8600 X1114**