


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # V44527 1. Entity Name KUBWA CORP.	
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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
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0338902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL ROSAL SR, JORGE LUIS 201 S.BISCAYNE BLVD.,STE 3400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD DEL ROSAL JR, JORGE LUIS 201 S.BISCAYNE BLVD.,STE 340 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WILSON, FREDERICK 201 S.BISCAYNE BLVD.,STE 340 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/23/05-80019-001 150.00

**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:  **FREDERICK WILSON** 2/17/2005 305573-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #