


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State


01-26-2006 90043 026 ****70.00

DOCUMENT # N03000005918							
1. Entity Name LITTLE HAVANA PACE PROGRAM, INC.							
Principal Place of Business 700 SW 8TH ST MIAMI, FL 33130		Mailing Address 700 SW 8TH ST MIAMI, FL 33130					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	08312006 Chg-NP CR2E037 (4/06)			
4. FEI Number -APPLIED FOR-				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
JUARA, ELISA 700 SW 8TH ST MIAMI, FL 33130			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-DORRBECKER, RAMON 700 SW 8TH ST MIAMI, FL 33130	<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	D IGLESIAS, RAFAEL 700 SW 8TH ST MIAMI, FL 33130	<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	D JUARA, ELISA 700 SW 8TH ST MIAMI, FL 33130	<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 617, 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: <i>Ramon Perez-Dorrbecker</i>		Date: <i>9/1/06</i>		Daytime Phone #: <i>305-858-0887</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			


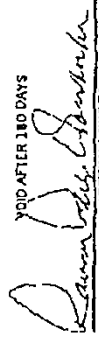
ATTACHMENT
66023819
#NO3000005918

Dear Sirs.

THIS IS THE CANCELLED CHECK
PAYING FOR THE 2006
ANNUAL REPORT ON DOCH
NO3000005918. THE
ORIGINAL REPORT WAS
SUBMITTED ON 11/11/06

THANK YOU

FISCAL DIRECTOR

305-858-0887 EXT 216

OCEAN BANK		40006775	4011
E3-1139/650			
CHECK DATE	CONTROL NO.	AMOUNT	
1/17/2006	001011	\$*****70.00	
PAY		Seventy and 00/100	Dollars
		VOID AFTER 180 DAYS	
LITTLE HAVEN ACTIVITIES & NUTRITION CENTERS OF DADE COUNTY INC. (957 6045) 765 W. 17TH ST. MIAMI, FL 33130		 FISCAL DIRECTOR	
FLORIDA DEPARTMENT OF STATE TO THE DIVISION OF CORPORATIONS ORDER P.O. BOX 6198 OF TALLAHASSEE, FL 32314			

Check 4011 Amount \$70.00 Date 2/2/2006