
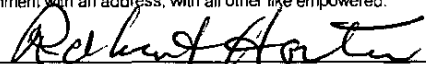



FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90222 049 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N94000005000 1. Entity Name THE HABANA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1308 DREXEL DR MIAMI BEACH, FL 33139 US			Mailing Address C/O DEJA VU PROPERTIES P.O BOX 191904 MIAMI, FL 33119 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0621232	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		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	
BARTLETT, SHERRY 6140 SW 45 ST MIAMI, FL 33155				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 _____					
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONTE, FRANK	NAME			
STREET ADDRESS	313 EDMONT DRIVE	STREET ADDRESS			
CITY-ST-ZIP	LOCKARBOUR, FL 07711	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARLIAND, JOSEPH JR	NAME	PD JOSEPH GAGLIANO, JR		
STREET ADDRESS	10 WASHINGTON ST	STREET ADDRESS	10 WASHINGTON ST		
CITY-ST-ZIP	HICKSVILLE, NY 11801	CITY-ST-ZIP	HICKSVILLE, NY 11801		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HORTON, ROBERT	NAME	VPO ROBERT A. HORTON		
STREET ADDRESS	1717 N DAYSHORE DR., #3855	STREET ADDRESS	1717 N. BAYSHORE DR # 3855		
CITY-ST-ZIP	MIAMI, FL 33132	CITY-ST-ZIP	MIAMI, FL 33132		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	TD TORSTEN BEHRENS		
STREET ADDRESS		STREET ADDRESS	1308 DREXEL AVE #206		
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI BEACH, FL		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	33139		
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 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Robert Horton		Robert Horton	
		Date		Daytime Phone #	
				305 668 2958	