

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90101 004 ***150.00



DOCUMENT # P96000010642
 1. Entity Name
HAVANA BILTMORE YACHT & COUNTRY CLUB, INC.

Principal Place of Business Mailing Address
~~5440 SW 147 CT. MIAMI, FL 33185~~ **8140 S.W. 82 PL MIAMI, FL 33143**
~~MIAMI, FL 33185~~ **MIAMI, FL 33143**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

6. Name and Address of Current Registered Agent
ARELLANO, JUAN R
~~5440 SW 147 CT.~~ **8140 S.W. 82 PL**
MIAMI, FL 33185 **MIAMI, FL 33143**

7. Name and Address of New Registered Agent
 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 *Juan R. Arellano*
 Signature, typewritten name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARELLANO, JUAN R 5440 SW 147 CT. MIAMI, FL 33185 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PORRO, CARLOS R 5440 SW 147 CT. MIAMI, FL 33185 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA-MONTES, JORGE 5440 SW 147 CT MIAMI, FL 33185 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELEON, LEON 5440 SW 147 CT. MIAMI, FL 33185 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD PUIG, RAMON 5440 SW 147 CT. MIAMI, FL 33185 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASAS, JORGE 5440 SW 147 CT MIAMI, FL 33185 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Juan R. Arellano <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad 8140 S.W. 82 PL MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad SAME AS ABOVE Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad SAME AS ABOVE Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad SAME AS ABOVE Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad SAME AS ABOVE Address

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 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Juan R. Arellano* **Juan R. Arellano 4/26/06**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

