

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727668

**FILED**  
**Jan 07, 2014**  
**Secretary of State**  
**CC2927212422**

**Entity Name:** LITTLE HAVANA ACTIVITIES & NUTRITION CENTERS OF DADE COUNTY, INC.

**Current Principal Place of Business:**

700 S.W. 8TH ST.  
MIAMI, FL 33130

**Current Mailing Address:**

700 S.W. 8TH ST.  
MIAMI, FL 33130

**FEI Number: 23-7378008**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

PEREZ-DORRBECKER, RAMON  
700 S.W. 8TH ST.  
MIAMI, FL 33130 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name PEREZ-DORRBECKER, RAMON  
Address 700 S.W. 8TH STREET  
City-State-Zip: MIAMI FL 33130

Title VCD  
Name DEL VALLE, MARIO LUIS  
Address 700 SW 8TH STREET  
City-State-Zip: MIAMI FL 33130

Title D  
Name COLLAZO, ALBERTO JR  
Address 700 SW 8TH STREET  
City-State-Zip: MIAMI FL 33130

Title CTD  
Name MARRERO, MANUEL  
Address 700 SW 8TH ST  
City-State-Zip: MIAMI FL 33130

Title VSD  
Name DE VELASCO, ELISA  
Address 700 SW 8TH STREET  
City-State-Zip: MIAMI FL 33130

Title SD  
Name BORGES, LUIS  
Address 700 SW 8TH STREET  
City-State-Zip: MIAMI FL 33130

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RAMON PEREZ-DORRBECKER**

**PD**

**01/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date