

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000073328

**Entity Name:** LITTLE HAVANA HEALTH & REJUVENATION CENTER, INC.

**Current Principal Place of Business:**

1756 SW 8TH STREET  
SUITE 206  
MIAMI, FL 33135

**Current Mailing Address:**

1756 SW 8TH STREET  
SUITE 206  
MIAMI, FL 33135 US

**FEI Number:** 81-2039793

**Certificate of Status Desired:** No

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

HERA, ALEIDA  
1756 SW 8TH STREET  
SUITE 206  
MIAMI, FL 33135 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	P	Title	VP
Name	HERA, ALEIDA	Name	PALLARES, ADIANIS
Address	1756 SW 8TH STREET SUITE 206	Address	1756 SW 8TH STREET SUITE 206
City-State-Zip:	MIAMI FL 33135	City-State-Zip:	MIAMI FL 33135

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALEIDA HERA

**PRESIDENT**

**03/21/2023**

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

\_\_\_\_\_  
Date