


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 727668

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



Principal Place of Business 700 S.W. 8TH ST. MIAMI, FL 33130	Mailing Address 700 S.W. 8TH ST. MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 23-7378008	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMON PEREZ, DORBECKER
 700 S.W. 8TH ST.
 MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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	CD TORANO, RAUL 700 S.W. 8TH STREET MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD PEREIRA, SERGIO 700 SW 8TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BORGES, LUIS 700 SW 8TH STREET MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARRERO, MANUEL 700 SW 8TH ST MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SABATER, CARLOS A 700 S.W. 8TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000396812
 01/30/06-80023-022 70.00

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PAID



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: Ramon Perez Dorbecker Date: 1/19/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR