


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 727668</b>	
1. Entity Name <b>LITTLE HAVANA ACTIVITIES &amp; NUTRITION CENTERS OF DADE COUNTY, INC.</b>	

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



01032008 No Chg-NP CR2E037 (4/06)

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

**6. Name and Address of Current Registered Agent**

**PEREZ-DORRBECKER, RAMON**  
**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, 2008**

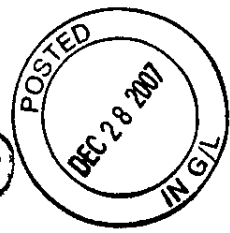
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000779898  
01/11/08-80055-020 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ-DORRBECKER, RAMON 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	

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IN THIS SPACE**

**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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #