

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005004

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: HAVFAMA INC

**Current Principal Place of Business:**

4439 PRAIRIE AVENUE  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4439 PRAIRIE AVE  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 95-4815763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROCA, JUAN  
4439 PRAIRIE AVE  
MIAMI BEACH, FL 33140 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROCA, JUAN E  
Address: 4439 PRAIRIE AVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VVC ( ) Delete  
Name: HERNANDEZ, JULIO C  
Address: 4439 PRAIRIE AVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Delete  
Name: PROENZA, BELKIS  
Address: 16141 SW 83 ST.  
City-St-Zip: MIAMI, FL 33193

Title: T ( ) Delete  
Name: SORI, ROBERTO  
Address: 4000 COLLINS AVE #202  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUAN ROCA

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date