2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# F05000005004

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 (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 07/07/2008

Electronic Signature of Signing Officer or Director — Date