

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90228 010 ***150.00

DOCUMENT # J59125

1. Entity Name

HAVANA CAFE RESTAURANT CORP.



Principal Place of Business

4480 N. FED HWY
LH PT FL 33069
US

Mailing Address

87 NE 44 ST
SUITE 2
OAKLAND PARK FL 33334
US

2. Principal Place of Business

3. Mailing Address

91E. Prospect Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft Lauderdale, FL

Zip

Country

Zip

Country

33334

USA

4. FEI Number

59-2784723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COFAR, LAWRENCE J
915 MIDDLE RIVER DRIVE
SUITE 506
FT LAUDERDALE FL 33304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
SD
CORTES, HECTOR
STREET ADDRESS
5775 N.E. 21ST AVENUE
CITY-ST-ZIP
FORT LAUDERDALE FL ☐ Delete

TITLE
NAME
Cortes, Hector
STREET ADDRESS
16553 Norris Rd
CITY-ST-ZIP
Loxahatchee, FL 33476 ☒ Change ☐ Addition

TITLE
NAME
PD
PEREZ, LUIS
STREET ADDRESS
1042 NE 35TH ST
CITY-ST-ZIP
OAKLAND PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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

4-17-06 954-776-1581

Date

Daytime Phone #