2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-23-2004 90016 043 ****50.00

DOCUMENT # L03000004769

1. Entity Name
HAVANA TRADING, LLC

Principal Place of Business	Mailing Address
~~5189 N.W. 105TH COURT~~	~~5189 N.W. 105TH COURT~~
~~MIAMI, FL 33178~~	~~MIAMI, FL 33178~~

2. Principal Place of Business	3. Mailing Address
12555 BISCAYNE BIVD	12555 BISCAYNE Blvd
Suite, Apt. #, etc.: #997	Suite, Apt. #, etc.: #997
City & State: North Miami FIA	City & State: North Miami FIA
Zip: 33181 Country: USA	Zip: 33181 Country: USA

04212004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 03-0507377 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, PAUL S	Name
2134 HOLLYWOOD BOULEVARD	Street Address (P.O. Box Number is Not Acceptable)
HOLLYWOOD, FL 33020	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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOSA, JOHN W		NAME	
STREET ADDRESS	12555 BISCAYNE BLVD., #997		STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI, FL 33181		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4-20-04 305-725-1263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #