

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006319

Entity Name: HAVANA RECORDS LLC

FILED
May 31, 2006
Secretary of State

Current Principal Place of Business:

6495 W 18TH AVE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

6495 W 18TH AVE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-2212798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ARACIL, JUAN M
6495 W 18TH AVE
HIALEAH, FL 33012 US

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARACIL, JUAN M
Address: 6495 W 18TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: MGRM () Delete
Name: BU, LUIS
Address: 7865 W 29 LINE UNIT 101
City-St-Zip: HIALEAH, FL 33018

Title: MGRM () Delete
Name: CALVEIRO, JOSSEL
Address: 6495 WEST 18 AVE
City-St-Zip: MIAMI, FL 33012

ADDITIONS/CHANGES:

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 for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSSEL CALVEIRO

MGRM

05/31/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date