

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042122

Entity Name: HAVANA 1950'S CIGAR CO., LLC

FILED  
Apr 09, 2007  
Secretary of State

**Current Principal Place of Business:**

6702 MAIN STREET  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

6702 MAIN STREET  
MIAMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 20-4746923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OLIVARES, MARISSA  
6702 MAIN STREET  
MIAMI LAKES, FL 33014 US

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

IZQUIERDO, DEBORAH P  
156 ALMERIA AVE.  
CORAL GABLES, FL 33134 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: DEBORAH P. IZQUIERDO

04/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OLIVARES, MARISSA  
Address: 6702 MAIN STREET  
City-St-Zip: MIAMI LAKES, FL 33014

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: OLIVARES, MARISSA  
Address: 15321 TURNBULL DR.  
City-St-Zip: MIAMI LAKES, FL 33014

Title: S/T ( ) Change (X) Addition  
Name: OLIVARES, LUIS  
Address: 15321 TURNBULL DR.  
City-St-Zip: MIAMI LAKES, FL 33014

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: MARISSA OLIVARES

MGR

04/09/2007

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