

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90023 031 ****61.25

DOCUMENT # N02000002194					
1. Entity Name FRIENDS OF LITTLE HAVANA, INC.					
Principal Place of Business 2601 S BAYSHOE DR 19 FLOOR COCONUT GROVE, FL 33133			Mailing Address 2601 S BAYSHOE DR 19 FLOOR COCONUT GROVE, FL 33133		
2. Principal Place of Business 1267 Coral Way Suite, Apt. #, etc.		3. Mailing Address 2675 S. Bayshore Dr. Suite, Apt. #, etc.			
City & State Miami FL		City & State		4. FEI Number 16-1625075	
Zip 33145		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, JOSE 2601 S BAYSHOE DR 19 FLOOR COCONUT GROVE, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2675 S. Bayshore Dr. 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					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PALOMO, LUIS 1267 CORAL WAY MIAMI, FL 33145	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD COHEN, LEE 1549 SW 8TH ST MIAMI, FL 33135	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUY, KAREN 2601 S BAYSHOE DR 19 FLOOR COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANCHEZ, JOSE 2601 S BAYSHOE DR 19 FLOOR COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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:					
(NOTE: Registered Agent signature required when reinstating)					
1/6/04 305-443-6622					