


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90043 026 \*\*\*\*70.00

<b>DOCUMENT # N03000005918</b> 1. Entity Name LITTLE HAVANA PACE PROGRAM, INC.					
Principal Place of Business 700 SW 8TH ST MIAMI, FL 33130			Mailing Address 700 SW 8TH ST MIAMI, FL 33130		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	08312006 Chg-NP CR2E037 (4/06)	
4. FEI Number <b>APPLIED FOR</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JUARA, ELISA 700 SW 8TH ST MIAMI, FL 33130			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEREZ-DORRBECKER, RAMON	NAME			
STREET ADDRESS	700 SW 8TH ST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33130	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	IGLESIAS, RAFAEL	NAME			
STREET ADDRESS	700 SW 8TH ST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33130	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JUARA, ELISA	NAME			
STREET ADDRESS	700 SW 8TH ST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33130	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.					
<b>SIGNATURE:</b> <i>Ramon Perez-Dorrbecker</i>		9/1/06		305-858-0887	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

66023819  
#N03000005918

Dear Sirs,

THIS IS THE CANCELLED CHECK  
PAYING FOR THE 2006  
ANNUAL REPORT ON DOCH  
N03000005918. THE  
ORIGINAL REPORT WAS  
SUBMITTED ON 11/11/06

THANK YOU

*Robert L. Lyle*  
FISCAL DIRECTOR

305-858-0887 EXT 216

OCEAN BANK		40086775	4011
E3-1139/650			
CHECK DATE	CONTROL NO.	AMOUNT	
1/17/2006	001011	\$*****70.00	
PAY		Seventy and 00/100	Dollars
LITTLE HAMPIN ACTIVITIES & NUTRITION CENTERS OF DADE COUNTY INC. (927 0049) 760 S.W. 1TH ST. MIAMI, FL 33130		VOID AFTER 180 DAYS <i>Robert L. Lyle</i> FISCAL DIRECTOR	
FLORIDA DEPARTMENT OF STATE TO THE DIVISION OF CORPORATIONS ORDER P.O. BOX 5198 OF TALLAHASSEE, FL 32314			

Check 4011 Amount \$70.00 Date 2/2/2006