## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N03000005918** 

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 FILED Jan 22, 2007 08:00 AM Secretary of State



01032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUARA, ELISA 700 SW 8TH ST MIAMI, FL 33130

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	purpose of changing its registere			th, in the State of Florida. I am familiar with, and accep	
SIGNATURE.					DAYE	
	Signature, typed or printed name of registered agent and title	of applicable. (NOTE: Registered	Agent tignature	required when reinstating)	uired when renatating) DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS			and the state of the	Andrew Committee	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-DORRBECKER, RAMON 700 SW 8TH ST MIAMI, FL 33130		e attantalit	A STATE OF THE STATE OF		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	AMME IGLESIAS, RAFAEL TREET ADDRESS 700 SW 8TH ST		The state of the s	and the second of the second o	. 01/53/0[2400.0-051;10360 **	
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TITLE NAME STREET ADDRESS			Sugar Prince	A Section Plant of the	THIS SPACE	

12. I hereby certify that the information supplied with this filling 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 any address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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Daytime Phone ∉