


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N03000005918</b><br>1. Entity Name<br><b>LITTLE HAVANA PACE PROGRAM, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>700 SW 8TH ST<br/>MIAMI, FL 33130</b> | Mailing Address<br><b>700 SW 8TH ST<br/>MIAMI, FL 33130</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-NP CR2E037 (4/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>NOT APPLICABLE</b>                    | Applied For<br><input 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

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

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

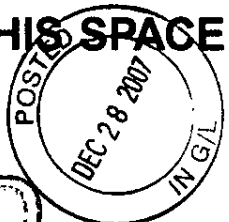
**\$5.00** May Be  
Added to Fees

U000000779899  
01/11/08-80055-021 70.00

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PEREZ-DORRBECKER, RAMON<br>700 SW 8TH ST<br>MIAMI, FL 33130 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>IGLESIAS, RAFAEL<br>700 SW 8TH ST<br>MIAMI, FL 33130        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JUARA, ELISA<br>700 SW 8TH ST<br>MIAMI, FL 33130            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

**PAID**



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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #