

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N03000005918 1. Entity Name LITTLE HAVANA PACE PROGRAM, INC.	
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Principal Place of Business 700 SW 8TH ST MIAMI, FL 33130	Mailing Address 700 SW 8TH ST MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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 _____ (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

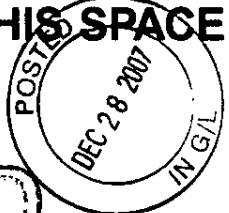
U00000779899
 01/11/08-80055-021 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-DORRBECKER, RAMON 700 SW 8TH ST MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IGLESIAS, RAFAEL 700 SW 8TH ST MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUARA, ELISA 700 SW 8TH ST MIAMI, FL 33130
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 reports 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 # _____