

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

DOCUMENT # N03000007727

1. Entity Name

LITTLE HAVANA TOWNHOMES NORTH, INC.



Principal Place of Business

1409 NW 1ST ST.
MIAMI FL 33125

Mailing Address

~~1409 NW 1ST ST.~~
~~MIAMI FL 33125~~

2. Principal Place of Business

3. Mailing Address

PO Box 350312

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State **MIAMI FL**

Zip

Country

Zip **33135**

Country

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, ROBERTO
1409 NW 1ST ST.
MIAMI FL 33125

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **P** ☐ Delete
NAME **AGUIAR, JERRY**
STREET ADDRESS **1409 NW 1ST ST.**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **SIMON, ROBERTO**
STREET ADDRESS **1409 NW 1ST ST.**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

Aguiar

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04 7862904600

Daytime Phone #