

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

**FILED**  
**Feb 29, 2008 08:00 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

**PO BOX 350312  
MIAMI, FL 33135**



01082008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**80-0075126**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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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

UD00000843753  
03/12/08-80008-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AGUIAR, JERRY
STREET ADDRESS	1409 NW 1ST ST.
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	V
NAME	SIMON, ROBERTO
STREET ADDRESS	1409 NW 1ST ST.
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	S
NAME	CASTRO, JOSE
STREET ADDRESS	1415 NW 1ST #4
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 of 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 #

03/22/08