


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

5/3/2

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90736 047 \*\*\*\*\*61.25  
06-04-2004 90001 005 \*\*\*\*\*8.75

<b>DOCUMENT # N03000008105</b>					
1. Entity Name <b>THE LITTLE HAVANA GRAND ORCHESTRA INC.</b>					
Principal Place of Business <b>835 NW 45TH AVENUE, #1 MIAMI FL 33126</b>			Mailing Address <b>835 NW 45TH AVENUE, #1 MIAMI FL 33126</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-0237227</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>REYES, OMAR 835 NW 45TH AVENUE, #1 MIAMI FL 33126</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REYES, OMAR		NAME		
STREET ADDRESS	835 NW 45TH AVENUE, #1		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VILLAVICENCIO, ODALYS N		NAME		
STREET ADDRESS	835 NW 45TH AVENUE, #1		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SERRITELLA, MARIA I		NAME		
STREET ADDRESS	12126 NW 129TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDEN FL 33018		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COBELLO, YOLANDA		NAME		
STREET ADDRESS	1400 SW 84TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(i), 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: _____			4/28/04 305-444-1965		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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MOORE CR2E037 (11/03)