


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N04896	
1. Entity Name EAST LITTLE HAVANA COMMUNITY DEVELOPMENT CORPORATION	

Principal Place of Business E. LITTLE HAVANA CDC 1699 CORAL WAY, 302 MIAMI, FL 33145 US	Mailing Address EAST LITTLE HAVANA CDC 1699 CORAL WAY, SUITE 302 MIAMI, FL 33145 US
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04272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2663181	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ANITA
1699 CORAL WAY
SUITE 302
MIAMI, FL 33145**

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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 reappointing) DATE _____

Filing 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	U000000141815 04/30/04-80026-014 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PRIO, MARIA ELENA 2727 HIOLA MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ALMEIDA, FLORENTINO 641 W FLAGLER ST 3RD FLR MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GORT, WIFREDO 600 BRICKELL AVE STE 301 M MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PRADO, ANTONIO 13940 S. W. 47TH ST. N E CENTER KENDALL, FL 33255
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  **Florentino Almeida** 4/17/04 (305) 856-2547
Date Daytime Phone # **EXT 100**