

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N04896 1. Entry Name EAST LITTLE HAVANA COMMUNITY DEVELOPMENT CORPORATION	
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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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06292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2663181	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering) DATE

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	00000037E097 08/10/05-80002-019 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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, for all other (keep empowered)

SIGNATURE: _____ **8/4/05** **(305) 856-2547**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #