


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04896</b> 1. Entity Name <b>EAST LITTLE HAVANA COMMUNITY DEVELOPMENT CORPORATION</b>	
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Principal Place of Business <b>E. LITTLE HAVANA CDC 1699 CORAL WAY, 302 MIAMI, FL 33145 US</b>	Mailing Address <b>EAST LITTLE HAVANA CDC 1699 CORAL WAY, SUITE 302 MIAMI, FL 33145 US</b>
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**DO NOT WRITE IN THIS SPACE**



05182006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2663181</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, ANITA 1699 CORAL WAY SUITE 302 MIAMI, FL 33145</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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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06/13/06-80006-012 70.00

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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 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.

<b>SIGNATURE:</b>  <b>Anita Tejón Rodríguez-Tejara</b> <b>6/7/06</b> <b>(305) 856-2547</b>	Date	Daytime Phone #
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