

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED

Sep 11, 2008 08:00 AM  
Secretary of State



06052008 No Chg-NP

CR2E037 (4/06)

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GORT, WIFREDO  
STREET ADDRESS 600 BRICKELL AVE STE 301M  
CITY-ST-ZIP MIAMI, FL 33131

TITLE VPTD  
NAME ALMEIDA, FLORENTINO  
STREET ADDRESS 641 W FLAGLER ST 3RD FLR  
CITY-ST-ZIP MIAMI, FL

TITLE SD  
NAME SEGURA, YUNIS  
STREET ADDRESS 1149 SW 27TH AVE  
CITY-ST-ZIP MIAMI, FL 33135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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09/11/08-80004-014 70.00

**DO NOT WRITE  
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 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 registered agent 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

6/16/08

Date

Ext. 109  
305-856-2547

Daytime Phone #

\$70