


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N41256</b> 1. Entity Name <b>THE LITTLE HAVANA - CUBAN QUARTER, USA, INC.</b>	
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Principal Place of Business <b>7231 W MIAMI LAKES DR C13 MIAMI LAKES FL 33014-6943</b>	Mailing Address <b>7231 W MIAMI LAKES DR C13 MIAMI LAKES FL 33014-6943</b>
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2. Principal Place of Business - No P.O. Box # <b>7231 West Miami Lakes Dr</b> Suite, Apt. #, etc. <b>C - 13</b> City & State <b>Miami Lakes, Florida</b> Zip <b>33014-6943</b>	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number <b>65-0266199</b> Applied For Not Applicable
Country <b>U.S.A.</b>	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent <b>MACHADO, HUMBERTO L. 7231 W MIAMI LAKES DR APT C-13 MIAMI LAKES FL 33014</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code
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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS; CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHADO, HUMBERTO L.	NAME	
STREET ADDRESS	2021 SW 3RD AVE. #4	STREET ADDRESS	000000667777
CITY-STATE-ZIP	MIAMI FL	CITY-STATE-ZIP	03/27/07-80003-002 61.25
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEGO, TOMAS E.	NAME	
STREET ADDRESS	6421 SW 16 TERR.	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	CITY-STATE-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARAFIA, RODOLFO NODAL	NAME	
STREET ADDRESS	10865 SW 112 AVE. #314	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	CITY-STATE-ZIP	
TITLE	VP/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, MODESTO	NAME	
STREET ADDRESS	8625 MENTIETH TERR.	STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH FL 33016	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCELO, ARMANDO J SR	NAME	
STREET ADDRESS	506 SW 68 AVE	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33144	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLON, SATURNINO	NAME	
STREET ADDRESS	8750 SW 25TH ST	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33165-2017	CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Humberto L. Machado* March 14/2007 (305) 825-2093