

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90220 009 \*\*\*150.00

DOCUMENT # P00000071675

1. Entity Name

HAVANA QUEST INC.



Principal Place of Business

120 S. OLIVE AVENUE  
STE. 102  
WEST PALM BEACH FL 33401

Mailing Address

120 S. OLIVE AVENUE  
STE. 102  
WEST PALM BEACH FL 33401

2. Principal Place of Business

3450 S. Ocean Blvd  
Suite, Apt. #, etc.  
# 219

3. Mailing Address

P.O. Box 2714  
Suite, Apt. #, etc.  
P.O. Box

City & State

Palm Beach, FL

City & State

Palm Beach, FL

Zip

33480

Country

PBC

Zip

33480

Country

PBC

4. FEI Number

65-1029938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

FLORES, KIM  
120 S. OLIVE AVENUE, STE. 102  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME FLORES, CARLOS  
STREET ADDRESS 3450 SOUTH OCEAN BLVD. APT 219  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☐ Delete  
NAME FLORES, KIM MARIE  
STREET ADDRESS 3450 SOUTH OCEAN BLVD. APT 219  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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

Date

Daytime Phone #

4/18/05