

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90161 030 \*\*\*150.00

**DOCUMENT # P01000057217**

1. Entity Name  
**HAVANA DREAMS CAFE, INC.**



Principal Place of Business  
**7925 NW 12 STREET  
SUITE 318  
MIAMI, FL 33126**

Mailing Address  
**7925 NW 12 STREET  
SUITE 318  
MIAMI, FL 33126**



2. Principal Place of Business  
**7925 NW 12TH STREET**

3. Mailing Address  
**7925 NW 12TH STREET**

Suite, Apt. #, etc.  
**SUITE 407**

Suite, Apt. #, etc.  
**SUITE 407**

04272004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

4. FEI Number  
**65-1121256**

Applied For  
Not Applicable

Zip Country  
**33126 USA**

Zip Country  
**33126 USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**ARREDONDO, BEATRIZ  
7925 NW 12 STREET  
SUITE 318  
MIAMI, FL 33126**

## 7. Name and Address of New Registered Agent

Name  
**BEATRIZ ARREDONDO**  
Street Address (P.O. Box Number is Not Acceptable)  
**7925 NW 12TH STREET  
SUITE 407**  
City  
**MIAMI** **FL** Zip Code  
**33126**

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 *Beatriz E. Arredondo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/30/04*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete  
NAME **MUNOZ, MARIA H**  
STREET ADDRESS **7925 NW 12TH ST. #318**  
CITY-ST-ZIP **MIAMI, FL 33126**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☒ Change ☐ Addition  
NAME **MARIA H. MUNOZ**  
STREET ADDRESS **7925 NW 12TH STREET SUITE 407**  
CITY-ST-ZIP **MIAMI, FL 33126**

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

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

TITLE ☐ Change ☐ Addition  
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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: *Maria Munoz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/04*  
Date

Daytime Phone #