

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90460 038 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000083228			
1. Entity Name HAVANA BOYS INC			
Principal Place of Business 1832 HARRISON STREET HOLLYWOOD, FL 33020		Mailing Address 1832 HARRISON STREET HOLLYWOOD, FL 33020	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03232004		Chg-P CR2E034 (10/03)	
4. FEI Number 65-1131812		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOFFMAN, JACOB J 1832 HARRISON STREET HOLLYWOOD, FL 33020		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 if applicable. (NOTE: Registered Agents signature required when reappointing) DATE _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, JACOB J	NAME	
STREET ADDRESS	20350 WEST COUNTRY CLUB DR	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE	PTD	TITLE	☐ Change ☐ Addition
NAME	GALUSTYANTS, MARKERA	NAME	
STREET ADDRESS	20400 W COUNTRY CLUB DR #617	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 331801618	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(6), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: _____		Date: 4/4/04 Digitized Name: 305-461-9518	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR			