


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90094 025 ***150.00

DOCUMENT # P02000000492 1. Entity Name HAVANA CABANA, INC.					
Principal Place of Business 3611 1ST ST. E SUITE 1100 BRADENTON, FL 34208			Mailing Address 3611 1ST ST. E SUITE 1100 BRADENTON, FL 34208		
2. Principal Place of Business - No P.O. Box # 5904 Marina Dr		3. Mailing Address 5904 Marina Dr			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Holmes Beach, FL		City & State Holmes Beach, FL			
Zip 34217	Country USA	Zip 34217	Country USA		
6. Name and Address of Current Registered Agent DROUKAS, JOHN 304 62ND ST BRADENTON BEACH, FL 34217			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DROUKAS, JOHN P 304 62ND ST BRADENTON BEACH, FL 34217 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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			1-8-08 9417787772 Date Daytime Phone #		



01082008 Chg-P CR2E034 (12/06)

4. FEI Number **26-0014703** Applied For ☐ Not Applicable ☐

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