


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90089 005 \*\*\*150.00

<b>DOCUMENT # P02000001889</b>	
1. Entity Name <b>HABANOS. SA. CORP.</b>	

Principal Place of Business <b>1436 WASHINGTON AVE. MIAMI BEACH, FL 33139</b>	Mailing Address <b>1436 WASHINGTON AVE. MIAMI BEACH, FL 33139</b>
<b>1214 NW 125 TERRACE</b>	

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>1214 NW 125 TERRACE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SUNRISE FLORIDA</b>	City & State <b>SUNRISE, FLORIDA</b>
Zip <b>33323</b>	Country
Zip <b>33323</b>	Country



05022005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>M &amp; M SERVICES GROUP, P.A. 1550 WEST 84TH STREET HIALEAH, FL 33014</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	NAME <b>HERNANDEZ, OSWALDO</b>	TITLE <b>PD</b>	NAME <b>HERNANDEZ OSWALDO</b>
STREET ADDRESS <b>1436 WASHINGTON AVE.</b>		STREET ADDRESS <b>1214 NW 125 TERRACE</b>	
CITY-ST-ZIP <b>MIAMI BEACH, FL 33139</b>		CITY-ST-ZIP <b>SUNRISE, FL 33323</b>	
TITLE <b>ODERAYMI HERNANDEZ</b>	NAME <b>1214 NW 125 TERRACE</b>	TITLE <b>SEC</b>	NAME <b>HERNANDEZ ODERAYMI</b>
STREET ADDRESS <b>1214 NW 125 TERRACE</b>		STREET ADDRESS <b>1214 NW 125 TERRACE</b>	
CITY-ST-ZIP <b>SUNRISE, FLORIDA 33323</b>		CITY-ST-ZIP <b>SUNRISE, FL 33323</b>	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	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)(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:  05/03/05 786-258-1911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #