


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**55043424**

DOCUMENT # P0200001889			
1. Entity Name <b>HABANOS, SA. CORP.</b>			
Principal Place of Business 3810 SW 8TH STREET CORAL GABLES, FL 33134		Mailing Address 3810 SW 8TH STREET CORAL GABLES, FL 33134	
2. Principal Place of Business <b>1639 WASHINGTON AVE</b>		3. Mailing Address <b>1639 WASHINGTON AVE</b>	
State, Act #, etc. <b>201</b>		State, Act #, etc. <b>201</b>	
City & State <b>MIAMI BEACH FL</b>		City & State <b>MIAMI BEACH, FL 33134</b>	
Zip <b>33139</b>	Country <b>USA</b>	Zip <b>33134</b>	Country
6. Name and Address of Current Registered Agent <b>HERNANDEZ, OSWALDO 13900 LAKES CT. MIAMI LAKES, FL 33014</b>		7. Name and Address of New Registered Agent Name <b>OSWALDO HERNANDEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>13925 LAKE PLACID CT</b> City <b>MIAMI</b> FL Zip Code <b>33015</b>	
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 <i>[Signature]</i>		DATE	
FEE NOW DUE: \$150.00		Election Campaign Financing Trust Fund Contribution: \$0.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME HERNANDEZ, OSWALDO	TITLE Change	NAME HERNANDEZ, OSWALDO
STREET ADDRESS 13900 LAKES CT	CITY-ST-ZIP MIAMI LAKES, FL 33014	STREET ADDRESS 1639 WASHINGTON AVE	CITY-ST-ZIP MIAMI BEACH, FL 33139
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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)(c), 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 507, 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 titles imposed.			
SIGNATURE: <i>[Signature]</i>		DATE <b>05/26/03</b>	

CR200304 (10/02)