2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000072079

1. Entity Name
HAVANA MIAMI INVESTMENT, CORP.

Principal Place of Business	Mailing Address
2701 LE JEUNE RD., SUITE 410 CORAL GABLES, FL 33134	2701 LE JEUNE RD., SUITE 410 CORAL GABLES, FL 33134

03122003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0055198

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE OLIVEIRA, CRISTINA
2701 LE JEUNE RD., SUITE 410
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

000000161121
05/20/04-80006-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MESA, RENALDO
STREET ADDRESS	6500 SW 67TH AVE.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	SD
NAME	MESA, RAUDEL
STREET ADDRESS	6500 SW 67TH AVE.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: R. Mesa Renaldo Mesa 5-16-04 305-608-3957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #