


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000080445		
1. Entity Name AUDIO HABANA, INC.		
Principal Place of Business 200 NW 76 AVE MIAMI, FL 33126	Mailing Address 200 NW 76 AVE MIAMI, FL 33126	
DO NOT WRITE IN THIS SPACE		
		07012005 No Chg-P CR2E034 (10/03)
4. FEI Number 22-3862957		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CHACON, ANGEL 200 NW 76 AVE MIAMI, FL 33126		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CHACON, ANGEL 200 NW 76 AVE MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CHACON, OTILIA E 200 NW 76 AVE MIAMI, FL 33126	
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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)(f), 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		07/01/05 (305) 261-7574 Date Daytime Phone #