2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000080445

1. Entity Name
AUDIO HABANA, INC.

Principal Place of Business	Mailing Address
200 NW 76 AVE MIAMI, FL 33126	200 NW 76 AVE MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

03242008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
22-3862957	Not Applicable

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

6. Name and Address of Current Registered Agent

CHACON, ANGEL
200 NW 76 AVE
MIAMI, FL 33126

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (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. ☐

$5.00 May Be
Added to Fees

00000050651
06/03/08-80076-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	CHACON, ANGEL
STREET ADDRESS	200 NW 76 AVE
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	DVT
NAME	CHACON, OTILIA E
STREET ADDRESS	200 NW 76 AVE
CITY-ST-ZIP	MIAMI, FL 33126
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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IN THIS SPACE

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: _____   3/24/08   305/820-2090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #