2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 02, 2004 08:00 AM Secretary of State **DOCUMENT # P02000108629** HAVÁNA ART GLASS, CORP. Principal Place of Business Mailing Address 6610 MEADE STREET 6610 MEADE STREET HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 No Chg-P CR2E034 (10/03) 01152004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3661892 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REDONDO, ARMANDO DO NOT WRITE 6610 MEADE STREET HOLLYWOOD, FL 33024 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. fiff F REDONDO, ARMANDO NAME STREET ADDRESS 6610 MEADE STREET U000000028210 CITY-ST-ZIP HOLLYWOOD, FL 33024 02/04/04-80018-005 150.00 TITLE REDONDO, RAYSA NAME STREET ADDRESS 6610 MEADE STREET CITY-ST-ZIP HOLLYWOOD, FL 33024 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 within address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> ARMANDO REDONDO, TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytima Phone #

FILED