



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90017 012 ***558.75

DOCUMENT # P03000012918 1. Entity Name HABANA EXCAVATING, INC.					
Principal Place of Business C/O HENRY RODRIGUEZ 2435 CECILE AVENUE WEST PALM BEACH, FL 33417			Mailing Address C/O HENRY RODRIGUEZ 2435 CECILE AVENUE WEST PALM BEACH, FL 33417		
2. Principal Place of Business 2415 Ceciele Avenue Suite, Apt. #, etc. Unit D City & State West Palm Beach, FL Zip 33417		3. Mailing Address 2415 Ceciele Avenue Suite, Apt. #, etc. Unit D City & State West Palm Beach, FL Zip 33417		40050603 	
4. FEI Number 34-1988387		Applied For <input type="checkbox"/> Not Applicable		07072006 Chg-P CR2E034 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent RODRIGUEZ, HENRY 2435 CECILE AVENUE WEST PALM BEACH, FL 33417	
7. Name and Address of New Registered Agent Name Henry Rodriguez Street Address (P.O. Box Number is Not Acceptable) 2415 Ceciele Avenue Unit D City West Palm Beach FL Zip Code 33417				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) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete RODRIGUEZ, HENRY 2435 CECILE AVENUE WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Henry Rodriguez 2415 Ceciele Ave - Unit D West Palm Beach, FL 33417 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Henry Rodriguez</u> 7-7-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					