

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90164 046 \*\*\*163.75

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04112006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P03000017136</b> 1. Entity Name <b>HAVANA TREATMENT CLINIC, INC.</b>					
Principal Place of Business <b>410 W. 29TH STREET #410 B HIALEAH, FL 33012</b>			Mailing Address <b>410 W. 29TH STREET #410 B HIALEAH, FL 33012</b>		
2. Principal Place of Business <b>3001 NW 7 Street</b> Suite, Apt. #, etc. <b>101</b>		3. Mailing Address <b>3001 NW 7 Street</b> Suite, Apt. #, etc. <b>101</b>			
City & State <b>Miami - FL</b>		City & State <b>Miami - FL</b>		4. FEI Number <b>35-2186156</b>	
Zip <b>33125</b>		Country <b>United States</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FRANCO, ERNESTO</b> <b>6885 W 7TH AVENUE</b> <b>APT. 707</b> <b>HIALEAH, FL 33014</b>				7. Name and Address of New Registered Agent Name <b>Ernesto - Franco</b> Street Address (P.O. Box Number is Not Acceptable) <b>7725 SW 88 Street</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33156</b>	
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 <span style="float: right;">04-20-06</span> <small>Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANCO, ERNESTO 6885 W 7TH AVENUE APT. 707 HIALEAH, FL 33014	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Franco, Ernesto 7725 SW 88 Street Miami, FL 33156
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
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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:				4-20-06 305-6412-2341	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	