

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000017716

1. Entity Name

HABANA OK DESIGN & PRINTING, INC.



Principal Place of Business

3447 NW 4TH STREET
MIAMI, FL 33125

Mailing Address

P.O. BOX 35-0125
MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number

13-4238977

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUERVO, JOSE A
3447 NW 4TH STREET
MIAMI, FL 33125

**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

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CUERVO, JOSE A
STREET ADDRESS 3447 NW 4TH ST
CITY-ST-ZIP MIAMI, FL 33125

TITLE TD
NAME CUERVO, HOWARD
STREET ADDRESS 3447 NW 4TH ST
CITY-ST-ZIP MIAMI, FL 33125

TITLE VD
NAME BOUCAS, EDNA M
STREET ADDRESS 3447 NW 4TH ST
CITY-ST-ZIP MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000460268
03/20/06-80003-010 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06 305-761-5053
Date Daytime Phone #