2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000017716

1. Entity Name
HABANA OK DESIGN & PRINTING, INC.

Principal Place of Business	Mailing Address
3447 NW 4TH STREET MIAMI, FL 33125	P.O. BOX 35-0125 MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

04052007   No Chg-P   CR2E034 (11/05)

4. FEI Number 13-4238977	Applied For
	Not Applicable

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

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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, 2007 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		

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04/19/07-80013-015 150.00

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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: _____   4/6/07   305-761-5053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #