

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000021943
 1. Entity Name
 5505 N. HABANA CORPORATION



FILED

2007 APR 25 AM 10: 39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 11968 N FLA AVE, TAMPA, FL 33612
 Mailing Address: 11968 N FLA AVE, TAMPA, FL 33612



DO NOT WRITE IN THIS SPACE

01302007 No Chg-P CR2E034 (11/05)
 4. FEI Number: 74-3080505 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FUENTES, LAWRENCE E
 1407 W BUSCH BLVD
 TAMPA, FL 33612

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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]* JOSEPH DIGERLANDO 4/4/07
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

000099066940
 04/27/07--01005--004 **1895.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIGERLANDO, JOSEPH
STREET ADDRESS	11968 N FLA AVE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	PEREZ, CARMEN E
STREET ADDRESS	11968 N FLA AVE
CITY-ST-ZIP	TAMPA, FL 33612
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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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]* JOSEPH DIGERLANDO 4/4/07 813-961-8715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #