2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 27, 2004 8:00 am Secretary of State

DOCUMENT # P03000033957 1. Entity Name VILLA HABANA TROPICAL, INC.						04-22-2	2004 90008 0	45 ***	' 155.00
Principal Place		Mailing Address					4.00.44.4		
10900 S.W. 26TH ST. MIAMI, FL 33165		10900 S.W. 26TH ST. Miami, Fl. 33165		66424571					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			193 ING STIN STIP BEIN			n min	
					04132004	Chg-P	CR2E034 (10		
City & State		City & State		4. FEI Number 54-6	2103016	}	Applie Not A	od For opticable	
Zip	Country Zip Cou		Count	try	5. Certificate of		□ \$8.75 Fee Rd	Additio	nal
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agent		
GONZALEZ, MIRIAM V				Name					
7580 NW-186TH ST #202 MIAMI, FL 33015			Street Address (P.O. Box Number is Not Acceptable)						
	j.								
				City	FL Zip Code				
	named entity submits this statement fri ions of registered agent.	or the purpose of changing its i	registere	ed office or registe	red agent, or both,	In the State of Flo	orida. I am familiar	with, and	d accept
SIGNATURE.	·								
	Signature, typed or printed name of registered agen	t and the Pappicable. (NOTE	Registere	d Agent Signature require	d when reinstating)	_	DATE	_	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$ After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.					.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIREC	CTORS !!	111
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 path; 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:

GNATURE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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Daytime Phone #