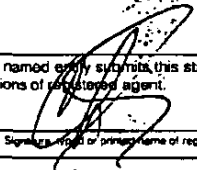
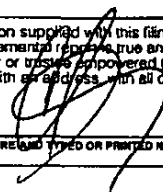


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005 8:00 am
Secretary of State

05-03-2005 90127 048 ***150.00

DOCUMENT # P04000096835			
1. Entity Name HAVANA DELIGHTS CAFE, INC.			
Principal Place of Business P.O. BOX 2186 LAKELAND, FL 33813 US		Mailing Address P.O. BOX 2186 BARTOW, FL 33831 US	
2. Principal Place of Business 4780 SO. FL. AVE.		3. Mailing Address 4780 SO. FL. AVE	
Suite, Apt. #, etc. LAKELAND, Florida		Suite, Apt. #, etc. LAKELAND, FL.	
City & State		City & State	
Zip 33813	Country USA	Zip 33813	Country USA
6. Name and Address of Current Registered Agent SEOANE, MARTHA F.A. 1715 VIRGINIA COURT LAKELAND, FL 33813		7. Name and Address of New Registered Agent Name CHRISTINE SEOANE Street Address (P.O. Box Number is Not Acceptable) 4780 SO. FL. AVE City LAKELAND, FL Zip Code 33813	
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 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SEOANE, MARTHA F.A. P.O. BOX 2186 BARTOW, FL 33831 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHRISTINE SEOANE ☐ Change ☒ Addition 1715 VIRGINIA COURT VICE PRESIDENT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SEOANE, MARTHA F.A. P.O. BOX 2186 BARTOW, FL 33831 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 reports 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: 		8637019303	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date Daytime Phone	

66043433



01222005 Chg-P CR2E034 (10/03)

4. FEI Number **75-3159592** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required