FILED
Jun 21, 2005 8:00 am
Secretary of State
05-03-2005 90127 048 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000096835

1. Entity Name
HAVANA DELIGHTS CAFE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2186	P.O. BOX 2186
LAKELAND, FL 33813 US	BARTOW, FL 33831 US

660ZJ49J

01222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4780 So. FL AVE.	4780 So. Fl. AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Lakeland, Florida	Lakeland, Fl.
City & State	City & State
Zip 33813 Country USA	Zip 33813 Country USA

4. FEI Number 75-3159592 — Applied For / Not Applicable

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

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 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 ______________________
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, 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 Vice President 1715 Virginia Court Lakeland, Fl. 33813	☐ Change ☒ Addition
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 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: ______________________ 8637019303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #