


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000096835 1. Entity Name HAVANA DELIGHTS CAFE, INC.	
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Principal Place of Business 4780 SOUTH FLORIDA AVE LAKELAND, FL 33813 US	Mailing Address 4780 SOUTH FLORIDA AVE LAKELAND, FL 33813 US
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DO NOT WRITE IN THIS SPACE

01302007 No Chg-P CR2E034 (11/05)

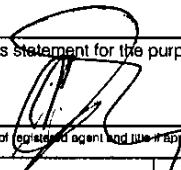
4. FEI Number 75-3159592	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SEOANE, CHRISTINE
4780 SOUTH FLORIDA AVE
LAKELAND, FL 33813

**DO NOT WRITE
IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating) DATE: 4-27-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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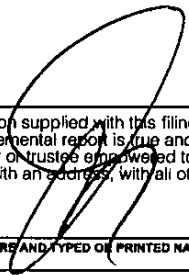
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEOANE, MARTHA F.A. P.O. BOX 2186 BARTOW, FL 33831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEOANE, MARTHA F.A. P.O. BOX 2186 BARTOW, FL 33831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEOANE, CHRISTINE 1715 VIRGINIA COURT LAKELAND, FL 33813
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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05/22/07-80071-006 150.00

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4-21-07 Daytime Phone #