FILED
May 27, 2005 8:00 am
Secretary of State

04-25-2005 90299 049 ***150.00

4/25

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000131414

1. Entity Name
HAVANA PHARMACY, INC.

Principal Place of Business
14930 SW 37TH ST.
MIAMI, FL 33185

Mailing Address
14930 SW 37TH ST.
MIAMI, FL 33185

66019583

04212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 1209 W Flagler St.
Suite, Apt. #, etc.
City & State: Miami Fl.
Zip: 33135 Country: E.U.

3. Mailing Address: SAME.
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 20-1755729 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
ROSELL, ROBERTO
14930 SW 37TH ST.
MIAMI, FL 33185

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ________ (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	PD ROSELL, ROBERTO 14930 SW 37TH ST. MIAMI, FL 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 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] 04-21-05 (305) 216-9218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #