
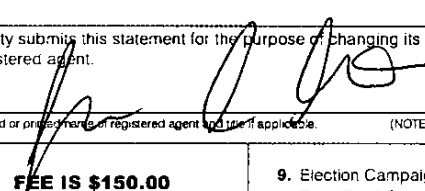
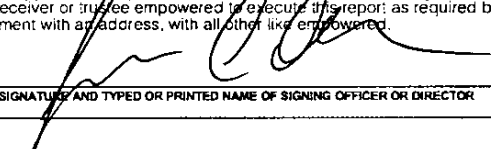


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90400 047 \*\*\*158.75

<b>DOCUMENT # P05000007465</b>					
1. Entity Name <b>HAVANA BREEZE INC</b>					
Principal Place of Business <b>4125 CLEVELAND AVE FT MYERS, FL 33901</b>			Mailing Address <b>4125 CLEVELAND AVE FT MYERS, FL 33901</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04112006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>13-4292080</b>				Applied For Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GIRALDO, ALEXANDRA</b> <b>13953 SW 66 STREET APT 907B</b> <b>MIAMI, FL 33183</b>			Name <b>Jorge C Giraldo</b> Street Address (P.O. Box Number is Not Acceptable) <b>15580 SW 182 LN</b> City <b>Miami FL</b> Zip Code <b>33187</b>		
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 <b>4/12/06</b>		
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GIRALDO, ALEXANDRA</b>		NAME		
STREET ADDRESS	<b>13953 SW 66 ST APT 907B</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33183</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GIRALDO, JORGE C</b>		NAME		
STREET ADDRESS	<b>13953 SW 66 STREET APT 907B</b>		STREET ADDRESS	<b>15580 SW 182 LN</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33183</b>		CITY-ST-ZIP	<b>Miami FL 33187</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>V.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>JAVIER GIRALDO</b>	
STREET ADDRESS			STREET ADDRESS	<b>4125 CLEVELAND AVE.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>FORT MYERS FL 33901</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date <b>4/12/06</b> Daytime Phone # <b>(786) 512-5303</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		