

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90028 004 \*\*\*150.00

<b>DOCUMENT # P05000051370</b> 1. Entity Name <b>HAVANA GRILL, INC.</b>					
Principal Place of Business <b>4627 PONCE DE LEON BLVD CORAL GABLES, FL 33146</b>			Mailing Address <b>4627 PONCE DE LEON BLVD CORAL GABLES, FL 33146</b>		
2. Principal Place of Business <b>5195 S. University Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>325 Ocean Drive</b> Suite, Apt. #, etc. <b>#305</b>			
City & State <b>Davie FL</b> Zip <b>33328</b>		City & State <b>Miami Beach FL</b> Zip <b>33139</b>		4. FEI Number <b>20-3095533</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JACKSON, JOSEPH CPA 4627 PONCE DE LEON BLVD CORAL GABLES, FL 33146</b>			7. Name and Address of New Registered Agent Name <b>Yarmin Costa</b> Street Address (P.O. Box Number is Not Acceptable) <b>325 Ocean Drive</b> <b>#305</b> City <b>Miami Beach</b> <b>FL</b> Zip Code <b>33139</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 <u><i>[Signature]</i></u> <span style="float: right;">4-3-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>COSTA, YAZMIN</b> <b>4627 PONCE DE LEON BLVD</b> <b>CORAL GABLES, FL 33146</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Costa, Yazmin</b> <b>325 Ocean Dr #305</b> <b>m. Beach, FL 33139</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> <b>Yarmin Costa</b> <span style="float: right;">4-3-06 (305) 9906298</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					