

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000065122

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: HAVANA NIGHTS SALON INC

**Current Principal Place of Business:**

4865 GOLDEN GATE PARKWAY  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

4865 GOLDEN GATE PARKWAY  
NAPLES, FL 34116

**New Mailing Address:**

FEI Number: 20-4854130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FALZARANO, CHRISTINA M  
3073 HORSESHOE DRIVE S SUITE 112  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

FALZARANO, CHRISTINA M  
9130 GALLERIA COURT  
SUITE 105  
NAPLES, FL 34109 US

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.

SIGNATURE: CHRISTINA M. FALZARANO

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: ESTRADA, JESENIA  
Address: 3073 HORSESHOE DRIVE S SUITE 112  
City-St-Zip: NAPLES, FL 34104

Title: V ( ) Delete  
Name: FALZARANO, CHRISTINA M  
Address: 3073 HORSESHOE DRIVE S SUITE 112  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: ESTRADA, JESENIA  
Address: 9130 GALLERIA COURT, #105  
City-St-Zip: NAPLES, FL 34109

Title: V (X) Change ( ) Addition  
Name: FALZARANO, CHRISTINA M  
Address: 9130 GALLERIA COURT, #105  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JESENIA ESTRADA

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date