

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 11, 2007 8:00 am**  
**Secretary of State**

09-11-2007 90005 029 \*\*\*150.00

**DOCUMENT # P06000136249**

1. Entity Name  
**LITTLE HAVANA CUBAN CAFE, INC.**



Principal Place of Business  
**2395 TAMiami TRAIL  
 13  
 PORT CHARLOTTE, FL 33952**

Mailing Address  
**19170 WATERBURY COURT  
 PORT CHARLOTTE, FL 33948**

**40132022**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

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

08142007 Chg-P CR2E034 (12/06)

4. FEI Number  
**57-1242005**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MARTINEZ, BELKIS  
 19170 WATERBURY COURT  
 PORT CHARLOTTE, FL 33948**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PEREZ, EDIBRAY</b>	
STREET ADDRESS	<b>19170 WATERBURY COURT</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33948</b>	
TITLE	<b>SEC</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, BELKIS</b>	
STREET ADDRESS	<b>19170 WATERBURY COURT</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33948</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 information.

**SIGNATURE:** \_\_\_\_\_ **8-1-07** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #