

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90171 013 ***150.00

DOCUMENT # P95000082920						
1. Entity Name HABANA AUTO MOTOR INC.						
Principal Place of Business 5 N.W. 9 ST HIGH SPRINGS, FL 32643 US			Mailing Address P.O. BOX 874 HIGH SPRINGS, FL 32655			
2. Principal Place of Business 725 NW 1st Ave.		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State High Springs, FL		City & State		4. FEI Number 59-3371630		
Zip 32655		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PEREZ, JAIME R 725 N.W. 1ST AVENUE HIGH SPRINGS, FL 32643			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 <u>X</u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D	NAME PEREZ, JAIME R		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 725 N.W. 1ST AVENUE	CITY-ST-ZIP HIGH SPRINGS, FL 32643			NAME	STREET ADDRESS	
TITLE V	NAME PEREZ, JAIME C		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 725 N.W. FIRST AVE	CITY-ST-ZIP HIGH SPGRS, FL 32643			NAME	STREET ADDRESS	
TITLE S	NAME FRANCIS, MICHELLE P		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 725 N.W. FIRST AVE	CITY-ST-ZIP HIGH SPGRS, FL 32643			NAME	STREET ADDRESS	
TITLE T	NAME PEREZ, GILDA Y		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 725 N.W. FIRST AVE	CITY-ST-ZIP HIGH SPGRS, FL 32643			NAME	STREET ADDRESS	
TITLE O	NAME PEREZ, GILDA E		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 725 N.W. FIRST AVE	CITY-ST-ZIP HIGH SPGRS, FL 32643			NAME	STREET ADDRESS	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			NAME	STREET ADDRESS	
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			JAIME R. PEREZ		2-28-05 386-454-4186	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #	