

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000082920 1. Entity Name HABANA AUTO MOTOR INC.					
Principal Place of Business 725 NW 1ST AVE HIGH SPRINGS FL 32655 US			Mailing Address P.O. BOX 874 HIGH SPRINGS FL 32655		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3371630	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
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	
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 agree to, the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 M.C. Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JAIME R 725 N.W. 1ST AVENUE HIGH SPRINGS FL 32643	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ, JAIME C 725 N.W. FIRST AVE HIGH SPGRS FL 32643	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANCIS, MICHELLE P 725 N.W. FIRST AVE HIGH SPGRS FL 32643	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEREZ, GILDA Y 725 N.W. FIRST AVE HIGH SPGRS FL 32643	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O PEREZ, GILDA E 725 N.W. FIRST AVE HIGH SPGRS FL 32643	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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* **4-16-06 386-454-418**