

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90033 039 \*\*\*150.00

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3371630**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | PEREZ, JAIME R        |                                 |
| STREET ADDRESS | 725 N.W. 1ST AVENUE   |                                 |
| CITY-ST-ZIP    | HIGH SPRINGS FL 32643 |                                 |
| TITLE          | V                     | <input type="checkbox"/> Delete |
| NAME           | PEREZ, JAIME C        |                                 |
| STREET ADDRESS | 725 N.W. FIRST AVE    |                                 |
| CITY-ST-ZIP    | HIGH SPGRS FL 32643   |                                 |
| TITLE          | S                     | <input type="checkbox"/> Delete |
| NAME           | FRANCIS, MICHELLE P   |                                 |
| STREET ADDRESS | 725 N.W. FIRST AVE    |                                 |
| CITY-ST-ZIP    | HIGH SPGRS FL 32643   |                                 |
| TITLE          | T                     | <input type="checkbox"/> Delete |
| NAME           | PEREZ, GILDA Y        |                                 |
| STREET ADDRESS | 725 N.W. FIRST AVE    |                                 |
| CITY-ST-ZIP    | HIGH SPGRS FL 32643   |                                 |
| TITLE          | O                     | <input type="checkbox"/> Delete |
| NAME           | PEREZ, GILDA E        |                                 |
| STREET ADDRESS | 725 N.W. FIRST AVE    |                                 |
| CITY-ST-ZIP    | HIGH SPGRS FL 32643   |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | President               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Perez, Jaime R.         |  |
| STREET ADDRESS | 725 N.W. First Ave      |  |
| CITY-ST-ZIP    | High Spgrs., Fla. 32643 |  |
| 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 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-08

Date

386-454-4186

Daytime Phone #

ATTACHMENT

40098162

*Habana Auto Motor, Inc.*

P. O. BOX 874  
825 NW 1st Ave.  
High Springs, FL 32655  
Phone: 386-454-4186  
Fax: 386-454-8834

April 16, 2008

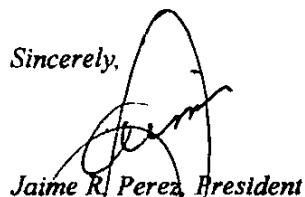
To: Department of State Div. of Corporations

Subject: Corporate Annual Profit Report/Fee  
Document # P95000082920

I have noticed that there is an error in the correspondence that I receive from your department. Please change and or correct where you refer to Jaime R Perez as a Director of the Corporation when in fact he is the President of the Corporation. Please see that in any future correspondence this error is corrected.

Thank you for your time on this matter.

Sincerely,



Jaime R. Perez, President

Cc: DMV, Ocala Division  
Secretary of State

