

## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P96000010642

1. Entity Name

HAVANA BILTMORE YACHT & COUNTRY CLUB, INC.



## FILED May 10, 2006 8:00 am Secretary of State

05-10-2006 90101 004 \*\*\*150.00

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Principal Place of Business  5440 SW 147 CT. 8 1 4 0 5. W 8 2 725440 SW 147 CT.  MIAMI, FL 33185 HIAMI, FI 33143 MIAMI, FL 33185					<b>50001001</b>		
Principal Place of Business 3.		3. Mailing Address	. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E0	34 (11/05)
City & Stat	е	City & State		4. FEI Numbe 65-084			Applied Fr Not Applic
Zip	Country	Zip	Country		of Status Desired		8.75 Additional ee Required
	6. Name and Address of Curren	t Registered Agent	Name		Address of New F	Registered A	gent
ARELLAN 5 <del>440 SW</del> MIAMI, FL	· · · · · · · · · · · · · · · · · · ·			Address (P.O. Box Number	er is Not Acceptable	e)	
			City			FL	Zip Code
	named entity submits this statement ions of registered agent.	ellar		or registered agent, or bo	h, in the State of Flo	orida. I am f	amiliar with, and acc
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees			
10.	OFFICERS AND	DIRECTORS	11.		CHANGES TO OFF		<del>/</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD : ARELLANO, JUAN R : 5440 SW 147 CT. MIAMI, FL 33185	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Juan 81405,W. MIRMI, F.	82PL		Change Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PORRO, CARLOS R 5440 SW 147 CT. MIAMI, FL 33185	Delete	NAME STREET ADDRESS CITY-ST-ZIP		as Al		Pthange Address
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASAS, JORGE 5440 SW 147 CT MIAMI, FL 33185	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	AS AX	5 <b>4</b> 16	Ptrange Address -

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 informational 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Caul Ruela! Loon R. A	rellano 4/26,	100
	SCHAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #