

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000063512					
1. Entity Name HAVANA'S CIGAR CAFE/HAVANA'S LIMITED, INC.					
Principal Place of Business 4420 COQUINA AVE TITUSVILLE FL 32780			Mailing Address 4420 COQUINA AVE TITUSVILLE FL 32780		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3463870	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBBER, MARK S 4420 COQUINA AVE TITUSVILLE FL 32780			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 _____ (NOTE: Registered Agent signature required when constituting)					
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 May Added to Fee	
10. OFFICERS AND DIRECTORS					
TITLE	NAME	Delete	TITLE	NAME	Delete
PS	WEBBER, MARK S	☐			☐
STREET ADDRESS	4420 COQUINA AVE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		CITY-ST-ZIP		
VPO	WEBBER, BRUCE A	☐			☐
STREET ADDRESS	868 MEDFORD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL 60193		CITY-ST-ZIP		
S	WEBBER, MARK S	☐			☐
STREET ADDRESS	4420 COQUINA AVE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		CITY-ST-ZIP		
D	WEBBER, JEFFERY K	☐			☐
STREET ADDRESS	1685 HARRISON ST APT 155		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		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: _____

4/28/06 321-267-0573