

## ANNUAL REPORT

DOCUMENT # S20301

1. Entity Name  
A LITTLE HAVANA CHECK CASH, INC.

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

1059 W FLAGLER ST  
MIAMI, FL 33130

Mailing Address

1059 WEST FLAGLER ST.  
MIAMI, FL 33130

01152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
65-0235542Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

RODRIGUEZ, FRANCISCO P.  
13469 S.W. 27TH ST.  
MIAMI, FL 33175**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(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. ☐**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, FRANCISCO P.
STREET ADDRESS	13469 S.W. 27TH ST.
CITY-ST-ZIP	MIAMI, FL

TITLE	SD
NAME	RODRIGUEZ, SARA E
STREET ADDRESS	13469 S.W. 27TH ST.
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3053250375

Daytime Phone #