

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000058598

**Entity Name:** HAVANA L.T.C. PHARMACY, INC.

**Current Principal Place of Business:**

3818 S HIMES AVE  
SUITE # 1  
TAMPA, FL 33611

**FILED**  
**Apr 20, 2015**  
**Secretary of State**  
**CC9244327587**

**Current Mailing Address:**

3818 S HIMES AVE  
SUITE # 1  
TAMPA, FL 33611 US

**FEI Number:** 20-2707430

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRUZ, YAMILET E  
3818 S HIMES AVE  
SUITE # 1  
TAMPA, FL 33611 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            CRUZ, YAMILET E  
Address        3818 S HIMES AVE  
                  SUITE # 1  
City-State-Zip: TAMPA FL 33611

Title            VP  
Name            CABRERA, ALEJANDRO  
Address        3818 S HIMES AVE  
                  SUITE # 1  
City-State-Zip: TAMPA FL 33611

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALEJANDRO CABRERA

VP

04/20/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date