

**2021 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

**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           | VP                            | Title           | P                             |
| Name            | CRUZ, YAMILET E               | Name            | CABRERA, ALEJANDRO            |
| Address         | 3818 S HIMES AVE<br>SUITE # 1 | Address         | 3818 S HIMES AVE<br>SUITE # 1 |
| City-State-Zip: | TAMPA FL 33611                | 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

**PRESIDENT**

**04/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date