

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000070296

**Entity Name:** LITTLE HAVANA MEDICAL, INC.

**Current Principal Place of Business:**

2600 SW 10TH STREET  
MIAMI, FL 33135

**Current Mailing Address:**

2600 SW 10TH STREET  
MIAMI, FL 33135 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

REYES, ELIEL  
2600 SW 10TH STREET  
MIAMI, FL 33135 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:** ELIEL REYES

04/28/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name REYES, ELIEL  
Address 2600 SW 10TH STREET  
City-State-Zip: MIAMI FL 33135

*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:** ELIEL REYES

P

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date