

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90049 026 ***150.00

DOCUMENT # P02000084264			
1. Entity Name HABANALURE, INC.			
Principal Place of Business 700 TURTLE LANE LABELLE FL 33935		Mailing Address 700 TURTLE LANE LABELLE FL 33935	
2. Principal Place of Business <i>NEW Address</i> 12302 Pine Island Dr. Suite, Apt. #, etc. _____		3. Mailing Address 12302 Pine Island Dr. Suite, Apt. #, etc. _____	
City & State Leesburg, FL Zip: 34788 Country: U.S.A.		City & State Leesburg, FL Zip: 34788 Country: U.S.A.	
4. FEI Number NO-T APPLICABLE		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTILLO, JOSE J 700 TURTLE LANE LABELLE FL 33935		7. Name and Address of New Registered Agent <i>NEW Address -</i> 12302 Pine Island Dr. Leesburg, FL 34788	
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 reinstating)			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: CASTILLO, JOSE J STREET ADDRESS: 700 TURTLE LANE CITY-ST-ZIP: LABELLE FL 33935	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>Change Address</i> 12302 Pine Island Dr. Leesburg, FL 34788		<input type="checkbox"/> Delete	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		02/01/2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	