

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L46221

1. Entity Name
HAFT, STEINLAUF & COMPANY, INC.



Principal Place of Business

**1200 S PINE ISLAND RD
475
PLANTATION, FL 33324 US**

Mailing Address

**1200 S PINE ISLAND RD
475
PLANTATION, FL 33324 US**



02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0176136

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHOTTENFELD, DAVID J. ESQ.
7520 NW 5TH STREET
SUITE 203
PLANTATION, FL 33317**

**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	SD
NAME	STEINLAUF, DANIEL P.
STREET ADDRESS	1200 S PINE ISLAND RD STE 475
CITY - ST - ZIP	PLANTATION, FL
TITLE	PD
NAME	HAFT, GLENN R
STREET ADDRESS	1200 S PINE ISLAND RD / STE - 475
CITY - ST - ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000248090
03/02/05-80016-013 150.00

**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)(f), 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: *Glenn R. Haft* **GLENN R. HAFT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/05

Date

954-476-7020

Daytime Phone #