

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90103 001 *1,650.00

DOCUMENT # M26255 1. Entity Name HAH ENTERPRISES, INC.	
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Principal Place of Business 401 N.W. 38TH COURT, (ZIP 33126) P. O. BOX 350940 MIAMI, FL 33135	Mailing Address 401 N.W. 38TH COURT, (ZIP 33126) P. O. BOX 350940 MIAMI, FL 33135
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66008645



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2637223	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BOULEVARD, 21ST FLOOR MIAMI, FL 33131

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAVENICK, ISADORE 401 NW 38TH CT. MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAVENICK, BARBARA 401 NW 38TH CT. MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV SAVIN, SCOTT 401 NW 38TH CT. MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WEEMS, LORI K 401 NW 38TH CT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT REITNAUER, LEON P 401 NW 38TH CT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAVENICK, ALEXANDER 401 NW 38TH CT MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA HAVENICK

3/28/08

Date

305-649-3000

Daytime Phone #