

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000009303
 1. Entity Name
 H.A.W. & ASSOCIATES, INC.



Principal Place of Business
 100 S.E. SECOND STREET
 SUITE 3550
 MIAMI, FL 33131 US

Mailing Address
 100 S.E. SECOND STREET
 SUITE 3550
 MIAMI, FL 33131 US



03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0555614

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ADER, ROBERT
 100 S. E. 2ND STREET
 STE 3550
 MIAMI, FL 33131

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERTZBERG, ROBERT D
STREET ADDRESS	100 S.E. 2ND STREET, SUITE 3550
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	ADER, ROBERT
STREET ADDRESS	100 S.E. 2ND STREET SUITE 3550
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	WEINTRAUB, JAYNE
STREET ADDRESS	100 S.E. 2ND STREET, SUITE 3550
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/06/06-80145-020 158.75

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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: DATE: 3/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR