


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90023 003 ***150.00

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
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02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0555614	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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

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

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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: * 305 311 6060 2/8/08 [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #