## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 04, 2006 8:00 am Secretary of State **DOCUMENT # P99000085266** 05-04-2006 90193 010 \*\*\*150.00 1. Entity Name R.E.A. HAUL'N INC. Principal Place of Business Mailing Address 13401 SW 46TH STREET 13401 SW 46TH STREET MIAMI, FL 33175 MIAMI, FL 33175 04292006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0950199 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ACOSTA, RICARDO DO NOT WRITE **13401 SW 46TH STREET** MIAMI, FL 33175 3 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 67) egistered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PTD TITLE ACOSTA, RICARDO 13401 SW 46TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 **SVD** TITLE ACOSTA, MARICSA STREET ADDRESS 13401 SW 46TH STREET CITY-ST-ZIP MIAMI, FL 33175 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #