

FROM

(TUE) MAY 1 2007 4:39/ST. 4:38/No. 7380308388 P 1

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P05000098805

1. Entity Name
HAJARIE TRANSPORT INC



Principal Place of Business Mailing Address

3348 SW 175 TER 3348 SW 175 TER
MIRAMAR, FL 33029 US MIRAMAR, FL 33029 US



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3138973 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAJARIE, DANUETTE
3348 SW 175 TER
MIRAMAR, FL 33029

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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 Danquette Hajarie 4-30-07
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$850.00

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	P HAJARIE, DANUETTE 3348 SW 175 TER MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HAJARIE, RICARDO 3348 SW 175 TER MIRAMAR, FL 33029
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05/23/07-80049-003 158.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #