## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Feb 08, 2008 8:00 am Secretary of State

ANNUAL REPURI					Secretary of State					
DOCUMENT # P0300006441  1. Entity Name HAUSSMAN CORP.				02-08-2008 90031 010 ***150.00						
Principal Plac	e of Business	Mailing Address			40	U 12 U U U U				
1572 NW 29TH STREET 1572 NW 29		1572 NW 29TH STREET	W 29TH STREET			•				
MIAMI, FL 33142 MIAMI, FL 33142										
*						<b>i</b> l 112 <b>6 6 6 6 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>11</b> 111 <b>11</b> 111 <b>1</b> 1	ili sens sini elen	<b></b>	B B( 1) (B1)
2 Principal P	lace of Business - No P.O. Box #	3 Mailing Address	<del></del>							<b>i i</b> i i i i i i i i i i i i i i i i i
4141 NAUTHUS DY.		3. Mailing Address NAMU b.		Ц.		U 131 <b>1210 0</b> 13113 <b>0 0</b> 113		UI LEUB EIUH ELEIK		
AVE # 5-A		Skyle, Apt. #, etc. AP 5 - 4		^wee	0111200		·	CR2E034 (12	<sup>1</sup> /06)	
City & Stafe	in breach FL	Men Bread	5 FL		4. FEI Nui 68-0	mber 539711				olied For Applicable
<u> Zib</u> 33	140 Country	Zip 33140	Country		5. Certific	ate of Status De	sired		<b>5</b> Addit equired	
	6. Name and Address of Current F	legistered Agent			7. Name a	and Address of	New Reg	stered Agent		
DE DA ITA	IAN, ROSA G		Name.	DE	-RAIT	MA'n-	2014	6		-
1572 NW 2	Street A		O. Box Nu	mber is Not Acc	eptable)					
MIAMI, FL 33142				4141 NAUTIWS DA. APE # 5-A						
				1 /V	15	PorAIL		FL Zi	Code	<u>7</u> 33/4 -
8. The above	named Aftity submits this statement for	the purpose of changing its re	egistered office o	r register	ed agent, or	both, in the Sta	te of Florid	a. Lam familia	with a	and accept
the obligati	ions of registered agent.		•	Ū		,				
SIGNATURE_	11/XD 1/a-t									
	Signature, yind of publied name of registrated agent ar	nd title if applicable. (NOTE: F	Registered Agent signat	ore required	when reinstating			DATE		- <b>-</b>
/	/ · 京都集	n Floring Committee	_ =====================================							
	E NOW!!!) FEE IS \$150.00 ay.1, 2008 Fee will be \$550.0	S. Election Campaign     Trust Fund Contrib		Adde	00 May Be ed to Fees	1			٠,	
10.	OFFICERS AND D	DIRECTORS	11.		ADDITION	NS/CHANGES	O OFFICE	RS AND DIREC	TORS	IN 11
TITLE	PD jag	☐ Delete	TITLE	वय					ange	Addition
NAME	DE RAJTMAN, ROSA G		NAME	ا عو	ea) tm.			۸	- 4	
STREET ADDRESS	1572 NW 29TH STREET		STREET ADDRESS	414	1 NAU	tiwi D	<b>L. 4</b>	DE # 5	, - 4	• • •
CITY-ST-ZIP	MIAMI, FL 33142	<del></del>	CITY-ST-ZIP	M	av.	DEA14	FL	331,40		
TITLE	VD	☐ Delete	TITLE	MO.		<i>y-1</i> 2		<b>_</b> 4÷€1	ange	Addition
NAME STREET ADDRESS	MICHANIE, DIEGO 1572 NW 29TH STREET		NAME	n: ch		BUEGO HWI DR	. APE	# 5.	Δ	
CITY-ST-ZIP	MIAMI, FL 33142		STREET ADDRESS CITY-ST-ZIP	4141		_		33/40	7	
TITLE	1111 1111 1111			M	<u> </u>	Brearly	FL_			
NAME		☐ Delete	TITLE NAME	l		•		☐ Ct	ange	Addition
STREET ADDRESS			STREET ADDRESS	]		_				
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE	<del> </del> -				Cr	iánne	Addition
NAME		_ 20000	NAME	i					ungu	L_ Abouton
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	ļ					-	
TITLE		☐ Delete	TITLE					☐ Cr	ange	Addition
NAME			NAME	}						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS						; ;	
			CITY-ST-ZIP	<u> </u>					25	<u>F.                                     </u>
TITLE	,	☐ Delete	TITLE					☐ Ch	ange	Addition
NAME STREET ADDRESS	<b>-</b> ·	•	NAME SZDET ADDRESS							
CITY-ST-ZIP	<u>.</u>		STREET ADDRESS CITY-ST-ZIP	<u> </u>						
12. I hereby o	ertify that the information supplied with t	his aling does not qualify for	the exemptions of	ontained	in Chanta	110 Elosido C+-	tutoo 4 4 :	has an off the	45 - 1 1	-
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empore	irus and accurate and that my wared to execute this report as	signature shall his required by Cha	ave the s	ame legal e Florida Stal	ffect as if made tutes: and that r	under oatr av name ar	ner certify that i; that I am an c incears in Block	ane into officer o	urmation if director Block 11 if