

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-08-2008 90031 010 ***150.00

DOCUMENT # P03000006441			
1. Entity Name HAUSSMAN CORP.			
Principal Place of Business 1572 NW 29TH STREET MIAMI, FL 33142		Mailing Address 1572 NW 29TH STREET MIAMI, FL 33142	
2. Principal Place of Business - No P.O. Box # 4141 NAUTILUS DR.		3. Mailing Address 4141 NAUTILUS DR.	
Suite, Apt. #, etc. APT # 5-A		Suite, Apt. #, etc. APT # 5-A	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33140		Zip 33140	
Country USA		Country USA	
6. Name and Address of Current Registered Agent DE RAJTMAN, ROSA G 1572 NW 29TH STREET MIAMI, FL 33142		7. Name and Address of New Registered Agent Name: DE RAJTMAN, ROSA G Street Address (P.O. Box Number is Not Acceptable) 4141 NAUTILUS DR. APT # 5-A City: MIAMI BEACH, FL Zip Code: 33140	
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: DE RAJTMAN, ROSA G STREET ADDRESS: 1572 NW 29TH STREET CITY-ST-ZIP: MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE: PD NAME: DE RAJTMAN, ROSA G. STREET ADDRESS: 4141 NAUTILUS DR. APT # 5-A CITY-ST-ZIP: MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: MICHANIE, DIEGO STREET ADDRESS: 1572 NW 29TH STREET CITY-ST-ZIP: MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE: VD NAME: MICHANIE DIEGO STREET ADDRESS: 4141 NAUTILUS DR. APT # 5-A CITY-ST-ZIP: MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, I am empowered.			
SIGNATURE:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ROSA RAJTMAN			
Date: 1/28/08			
Daytime Phone #: 3055121210			