

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # K51902 1. Entity Name HAIKO, INC.	
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Principal Place of Business 201 ALHAMBRA CIRCLE STE 711 CORAL GABLES, FL 33134 US	Mailing Address 201 ALHAMBRA CIRCLE STE 711 CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0100001	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R.
201 ALHAMBRA CIRCLE
SUITE 502
CORAL GABLES, FL 33134

**DO NOT WRITE
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 of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ \$5.00 May Be Added to Fees	05/28/08-80018-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIERRA, CLARA 201 ALHAMBRA CIR, #711 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SIERRA, GLORIA 201 ALHAMBRA CIR, #711 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RAPPORT, STEPHEN R. 201 ALHAMBRA CIR, #711 CORAL GABLES, 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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IN THIS SPACE**

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 another like empowered.

SIGNATURE:  **A.S.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2008 305 444-5255
Date Daytime Phone #