

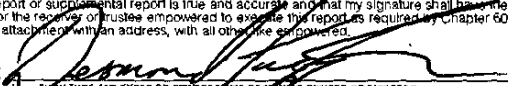
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 572529			
1. Entity Name HAIFA, INC.			
Principal Place of Business 2949 SECOND AVE., N. LAKE WORTH, FL 33461		Mailing Address 2949 SECOND AVE., N. LAKE WORTH, FL 33461	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORWIN, STEWART D 2949 SECOND AVENUE N. LAKE WORTH, FL 33461		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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's signature required when terminating) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW IN FEE IS \$150.00. After May 1, 2003 Fee will be \$550.00. Amended UBR is \$81.25. Make Check Payable to Florida Department of State.		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORWIN, STEWART 125 PARK LANE EAST LANTANA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 70002556275 12/17/03--01065--007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HASLETT, CLAIRE 125 PARK LANE EAST LANTANA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition D Haslett, Claire 125 Park Lane East Lantana, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEOGH, DESMOND 317 SOUTHEAST ATLANTIC DRIVE LANTANA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date 12-5-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2003-10002

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