


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # 639520 1. Entity Name HAFT HOLDINGS, INC.	
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Principal Place of Business 761 LANDS END DRIVE P O BOX 26 LONGBOAT KEY, FL 34228-8026	Mailing Address 761 LANDS END DRIVE P O BOX 26 LONGBOAT KEY, FL 34228-8026
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02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1340747	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAFT, ELLEN S
 761 LANDS END DR
 LONGBOAT KEY, FL 34228-7026

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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 _____
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

02/21/08-80011-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HAFT, JAMES G.
STREET ADDRESS	131 S. DEARORN 30TH FLOOR
CITY-ST-ZIP	CHICAGO, IL 60603
TITLE	VSD
NAME	HAFT, ELLEN S
STREET ADDRESS	761 LANDS END
CITY-ST-ZIP	LONGBOAT KEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 all other like empowered.

SIGNATURE: JAMES G. HAFT, PRESIDENT 2/9/08 32-715-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #