


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90233 035 \*\*\*158.75

<b>DOCUMENT # 660040</b> 1. Entity Name H.A.O. MARKETING CORP.		
Principal Place of Business 17555 COLLINS AVE. #2401 NORTH MIAMI BEACH, FL 33160 US		Mailing Address 17555 COLLINS AVE. #2401 NORTH MIAMI BEACH, FL 33160 US
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  ORTIZ, CARLO A 3213 CARAMBOLA CIRCLE COCONUT CREEK, FL 33066		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u>Hugo Ortiz</u> V.P. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORTIZ, HUGO 10235 SW 154 PL #105 MIAMI, FL 33198	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTIZ, CARLO A 3213 CARAMBOLA CIR COCONUT CREEK, FL 33066	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTIZ HUGO A. 17555 COLLINS AVE #2401 SUNNY ISLES BEACH FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORTIZ CARLO A. 17555 COLLINS AVE #2401 SUNNY ISLES BEACH FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Hugo Ortiz</u> VP Signature and typed or printed name of signing officer or director		03-29-04 305-333-2972 Date Daytime Phone #

94074641



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1981111	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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