


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 15 PM 3:03

DOCUMENT # 660040		
1. Entity Name H.A.O. MARKETING CORP.		

Principal Place of Business 17555 COLLINS AVE #2401 NORTH MIAMI BEACH, FL 33160 XXXXXXXXXXXXXXXXXXXX	Mailing Address 17555 COLLINS AVE #2401 NORTH MIAMI BEACH, FL 33160 XXXXXXXXXXXXXXXXXXXX
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2. Principal Place of Business 13031 SW 83 St Suite, Apt. #, etc.	3. Mailing Address 13031 SW 83 St Suite, Apt. #, etc.
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City & State Miami, Florida	City & State Miami, Florida
Zip 33183	Zip 33183
Country Dade	Country Dade

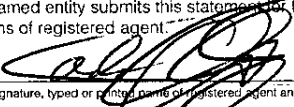
6. Name and Address of Current Registered Agent ORTIZ, CARLO A 3213 CARAMBOLA CIRCLE COCONUT CREEK, FL 33066	
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11122004	Chg-P	CR2E034 (10/03)
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4. FEI Number 59-1981111	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name RODRIGUEZ MARIA R.	
Street Address (P.O. Box Number is Not Acceptable) 20355 NE 34 Ct # 722	
City AVENTURA	FL 33180

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 	DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTIZ, HUGO 17555 COLLINS AVE #2401 SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTIZ, CARLO A. 3213 CARAMBOLA CIRCLE COCONUT CREEK, FL 33066 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORTIZ, CARLO A 17555 COLLINS AVE #2401 SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, MARIA R 20355 NE 34 Ct #722 AVENTURA, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100042747581 11/15/04--01050--023 **\$61.25 <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
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 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 information.	
SIGNATURE: 	11/12/04 305 792 2778 Date Daytime Phone #

11/22/04