## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 08:00 AN Secretary of State

ANNOAL KEI OKI					
DOCUMENT # 660040  1. Entity Name H.A.O. MARKETING CORP.	1 me g				
Principal Place of Business 13031 SW 83 ST MIAMI, FL 33183 US	Mailing Address 17555 COLLINS AVENUE 2401 MIAMI BEACH, FL 33160	US			



## DO NOT WRITE IN THIS SPACE

04222008 No Chg-P CR2E034 (11/05)

4. FEI Number	 Applied For
59-1981111	 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

4-2 (-08 786.2858900

6. Name and Address of Current Registered Agent

RODRIGUEZ, MARIA R 13031 S W 83 STREET MIAMI, FL 33183

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office ar r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	f applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	ing D	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P DAVIS, JOHN 9824 SW 133 CT MIAMI, FL 33186				Honononon
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, MARIA R 13031 S. W. 83 STREET MIAMI, FL 33183				000000922364 05/15/08-80043-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				iN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				e de la companya de l	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		A WITTER ST	المراجعة الم
12. I hereby certify that the information supplied with this filling 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.					

PRETIBENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR