2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000005401

1. Entity Name
HAYRTON BUSINESS CORP.

Principal Place of Business	Mailing Address
233 PALM AVENUE MIAMI BEACH, FL 33139	233 PALM AVENUE MIAMI BEACH, FL 33139

04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0162347
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIAMI CORPORATE REGISTRY
233 PALM AVENUE
MIAMI BEACH, FL 33139

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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: Roger Bello - Roger Bello - Attorney to Fee 4/17/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HECTOR RAMOS DE LEON
STREET ADDRESS	TORRE BANCO DESDNER, PISO 9, CALLE 50
CITY-ST-ZIP	PANAMA, REPUBLIC OF PANAMA,
TITLE	DV
NAME	MUNOZ, ISMAEL
STREET ADDRESS	TORRE BANCO DESDNER, PISO 9, CALLE 50
CITY-ST-ZIP	PANAMA, REPUBLIC OF PANAMA,
TITLE	DST
NAME	DAYANA DEAN DE GRANADA
STREET ADDRESS	TORRE BANCO DESDNER, PISO 9, CALLE 50
CITY-ST-ZIP	PANAMA, REPUBLIC OF PANAMA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80153-014 158.75

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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: 4/17/06 305-854-1365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #