

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006647

Entity Name: HABER, INC.

FILED  
Aug 21, 2006  
Secretary of State

**Current Principal Place of Business:**

2262 NORTH US 1  
FT PIERCE, FL 34846

**New Principal Place of Business:**

**Current Mailing Address:**

2262 NORTH US 1  
FT PIERCE, FL 34846

**New Mailing Address:**

FEI Number: 22-2305613      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HABER, NORMAN  
2262 NORTH US 1  
FT PIERCE, FL 34946      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVC      ( ) Delete  
Name: CONTI, ALBERT B  
Address: 4 PINE RIDGE RD  
City-St-Zip: STONEHAM, MA 02180

Title: EVD      ( ) Delete  
Name: D'ANGELO, PETER R  
Address: 8 SAN JOSE TER  
City-St-Zip: STONEHAM, MA 02180

Title: C      ( ) Delete  
Name: HABER, NORMAN  
Address: 4949 N A1A HIGHWAY UNIT #114 N. HUTCHISON  
City-St-Zip: FT. PIERCE, FL 34949

Title: D      ( ) Delete  
Name: TOBIA, PETER G  
Address: 118 SHORE DRIVE  
City-St-Zip: BRICK, NJ 08723

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT CONTI

PRES

08/21/2006

Electronic Signature of Signing Officer or Director

Date