

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 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