2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22065

9800 COLINS AVE #105

BAL HARBOUR, FL 33154

Address:

City-St-Zip:

FILED Aug 23, 2005 Secretary of State

Entity Nai	me: THE HA	RTMAN COMPANY					
Current Principal Place of Business:			New Principal Place of Business:				
8013 W. 2 HIALEAH,	1ST COURT FL 33016	US					
Current Mailing Address:			New Maili	New Mailing Address:			
8013 W 21 HIALEAH,	ST COURT FL 33016	US					
FEI Number:	: 59-2075493	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired (X)		
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
	N, MICHAEL G 1ST COURT FL 33016	S PD US					
	named entity of Florida.	submits this statement for the p	ourpose of changing i	its registered	office or registered agent, or be	oth,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Age	ent	Date			
		93(2)(b), F.S., the corporation did no	t receive the prior notic	e.			
OFFICERS	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name:	HARTMAN, MI 1135 103 STR BAY HARBOR	EET #D-2 ISLANDS, FL 33154) Delete	Title: Name: Address: City-St-Zip: Title: Name:	HARTMAN, M 14100 NORTI NORTH MIAN	(X) Change()Addition IICHAEL G PD H MIAMI AVENUE II, FL 33168 ()Change()Addition		
Address: City-St-Zip:	1302 SOUTH 2 HOLLYWOOD	22 COURT	Address: City-St-Zip:				
Title: Name: Address: City-St-Zip:	VP (LANNEAU, DO 351 SINBAD A OPA LOCKA, I	VE	Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name:	TS () LAING, MARY	() Delete	Title: Name:	(() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL HARTMAN PD 08/23/2005