


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90103 001 *1,650.00

DOCUMENT # H13844 1. Entity Name HAYDAY, INC.	
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Principal Place of Business 401 N.W. 38TH COURT MIAMI, FL 33126	Mailing Address P.O. BOX 350940 MIAMI, FL 33135
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DO NOT WRITE IN THIS SPACE



03252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2436275	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent B & C CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BOULEVARD, 21ST FLOOR MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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.

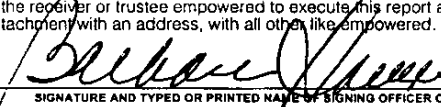
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HAVENICK, ISADORE 401 NW 38TH CT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAVENICK, BARBARA 401 NW 38TH CT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HAVENICK, ALEXANDER 401 NW 38TH CT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV SAVIN, SCOTT 401 NW 38TH CT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS WEEMS, LORI 401 NW 38TH CT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTG REITNAUER, LEON P 401 NW 38TH CT MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

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:  **BARBARA HAVENICK** **3/28/08** **305-649-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #