


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # H70321 1. Entity Name HARONITIS & ASSOCIATES, INC.	
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Principal Place of Business C/O DEPT. OF FINANCE AND CORP. ADMIN. 163 IDEMA ROAD L3R 1A9 MARKHAM, ONTARIO, CANADA, XX	Mailing Address C/O DEPT. OF FINANCE AND CORP. ADMIN. 163 IDEMA ROAD L3R 1A9 MARKHAM, ONTARIO, CANADA, XX
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03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2566053	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COLON, EDUARDO N
 10031 PINES BLVD.
 SUITE 238
 PEMBROKE PINES, FL 33024

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	U00000472620 03/29/06-80045-004 163.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARONITIS, NIKOS S 521 RUNNYMEDE ROAD TORONTO, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARONITIS, NIKOS S 521 RUNNYMEDE ROAD TORONTO, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARONITIS, EMMANUEL 521 RUNNYMEDE ROAD TORONTO, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGNUSON, HENRY A 14 OAKWOOD ROAD CAPE ELIZABETH, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Nikos S. Haronitis **NIKOS S. HARONITIS**
 MARCH 17, 2006 - (305) 474-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #