


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # H72881 1. Entity Name HAGA BUSINESS, INC.	
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Principal Place of Business 2390 SW 8TH ST MIAMI, FL 33135 US	Mailing Address 2390 SW 8TH ST MIAMI, FL 33135 US
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03012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2599016	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOSA, ALBERTO 1542 SW 74 AVE MIAMI, FL 33144

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOSA, ALBERTO 1542 SW 74 AVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PINEIROS, JORGE F. 9535 SW 39 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOSA, MARTA M. 1542 SW 74 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PINEIRO, CARMEN 11877 SW 47 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/22/06-80060-002-150.00

U00000497524
04/22/06-80060-002 150.00

**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: *Carmen Pineiro* *4/7/06* *(305) 642 9433*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #