

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # H72881

1. Entity Name
HAGA BUSINESS, INC.



Principal Place of Business

**2390 SW 8TH ST
MIAMI, FL 33135 US**

Mailing Address

**2390 SW 8TH ST
MIAMI, FL 33135 US**

DO NOT WRITE IN THIS SPACE



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2599016

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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03/06/08-80053-006 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-08 305-6422433