2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State
07-26-2006 90003 015 ***150.00

DOCUMENT # K09703

1. Entity Name
HAYWARD'S HEATH INVESTMENTS OF FLORIDA, INC.

50023284

Principal Place of Business	Mailing Address
3059 GRAND AVE SUITE 340 MIAMI, FL 33133 US	3059 GRAND AVE SUITE 340 MIAMI, FL 33133 US

07242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	1805 Sand Dollar Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Vero Beach Fl
Zip / Country	Zip: 32963 / Country: U.S.A

4. FEI Number: 59-1774581 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLIN, TERRANCE J
3059 GRAND AVE STE 340
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPS	☐ Delete
NAME	ECHAVARRIA, LUIS F.	
STREET ADDRESS	%TJ MULLEN, 3059 GRAND AVE #340	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	DVT	☐ Delete
NAME	ECHAVARRIA, STELLA	
STREET ADDRESS	%TJ MULLEN, 3059 GRAND AVE #340	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #