

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 AUG 17 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K32026

1. Entity Name
HAJO, INC.



Principal Place of Business
% BASILIO MANESIS
1931 SW 3RD. AVE, #4
MIAMI, FL 33129

Mailing Address
% BASILIO MANESIS
1931 SW 3RD. AVE, #4
MIAMI, FL 33129

3-26-04 90016-034 \$150.00



08042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0047832

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANESIS, BASILIO
1931 SW 3RD. AVE. #4
MIAMI, FL 33129

**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
Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	TD TAQUIS, EUSTACIO 1931 SW 3RD. AVE. #4 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD TAQUIS, FOTIS 1931 SW 3RD. AVE. #4 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAQUIS, ANTONIO 1931 SW 3RD. AVE. #4 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN A HARALAMBIDES 3135 SW 3RD AVE MIAMI, FL 33129
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 exemption stated in Section 119.07(3)(i), 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

8/12/04
305-866-4414