2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # K32026

1. Entity Name
HAJO, INC.

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

DO NOT WRITE IN THIS SPACE

02212006 No Chg-P CR2E034 (11/05)

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 _____ 3/30/06
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, 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	TD
NAME	TAQUIS, EUSTACIO
STREET ADDRESS	1931 SW 3RD. AVE. #4
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	VPSD
NAME	TAQUIS, FOTIS
STREET ADDRESS	1931 SW 3RD. AVE. #4
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	PD
NAME	TAQUIS, ANTONIO
STREET ADDRESS	1931 SW 3RD. AVE. #4
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	D
NAME	JOHN A HARALAMBIDES
STREET ADDRESS	3135 SW 3RD AVE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000489646
04/18/06-80025-002 150.00

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: _____ 3/30/06 305-8604414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #