

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90029 033 ***150.00

DOCUMENT # K70413

1. Entity Name

H.A.R. ENTERPRISES, INC.



Principal Place of Business

C/O H. A. R. ENTERPRISES
1040 N. E. 123RD ST
NORTH MIAMI FL 33181
US

Mailing Address

% HUGO, O. ROJAS
9124 COLLINS AVE, APT #303
SURFSIDE FL 33154
US

94034010



MOORE

CR2E034 (11/03)

2. Principal Place of Business

9124 COLLINS AVE
SUITE, APT. #, etc.
203

3. Mailing Address

PO Box 546516
SUITE, APT. #, etc.
SURFSIDE

City & State

SURFSIDE, FL

City & State

FLORIDA

4. FEI Number

65-0109929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33154

Country

USA

Zip

33154

Country

USA

6. Name and Address of Current Registered Agent

ROJAS, HUGO ORLANDO
9124 COLLINS AVE
APT 303
SURFSIDE FL 33154

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME ROJAS, H O
STREET ADDRESS 9124 COLLINS AVE, APT 303
CITY-ST-ZIP SURFSIDE FL 33154

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

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: *Hugo O Rojas* **4-12-04 305-889-889**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #