


04-10-2008 90017 014 ***150.00

DOCUMENT # L99563				Secretary of State	
1. Entity Name HAINES & BROWN, INC.		04-10-2008 90017 014 ***150.00			
Principal Place of Business 100 S. BISCAYNE BLVD. SUITE 1015 MIAMI, FL 33131		Mailing Address 100 S. BISCAYNE BLVD. SUITE 1015 MIAMI, FL 33131			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0216300	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
KAHN, JEFFREY B ESQ 3300 UNIVERSITY DRIVE, SUITE 711 POMPANO BEACH, FL 33065		Kahn, Jeffrey B., Esq. Street Address (P.O. Box Number is Not Acceptable) 11555 Heron Bay Blvd. SUITE 102 City Coral Springs FL Zip Code 33076			
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 _____ (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BROWN, DOUGLAS R 3300 UNIVERSITY DRIVE, SUITE 711 POMPANO BEACH, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Brown, Douglas R. 11555 Heron Bay Blvd., Suite 102 Coral Springs, FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCT HAINES, WILLIAM 3300 UNIVERSITY DRIVE, SUITE 711 POMPANO BEACH, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCT Haines, William 11555 Heron Bay Blvd., Suite 102 Coral Springs, FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>William Haines C.F.O. William Haines 4/08/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					