

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009337

FILED
Apr 15, 2005
Secretary of State

Entity Name: H.A.F.I., INC.

Current Principal Place of Business:

388 C SE 2 AVE
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

628 S W 4 AVE
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 43-2020356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THELOT, CELOT
824 S E 3 AVE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THELOT, PHITO
Address: 824 S.E. 3 AVE.
City-St-Zip: DELRAY BEACH, FL 33483

Title: VD () Delete
Name: PIERRE PAUL, NORMAN
Address: 1025 AREZZO CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD () Delete
Name: LAURENT, LUIGI
Address: 145 1ST AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD () Delete
Name: CHARLES, PRADE
Address: 824 S.E. 3 AVE.
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD () Delete
Name: SAGET, IRENE
Address: 628 SW 4 AVE
City-St-Zip: DELRAY BEACH, FL 32344

Title: BD () Delete
Name: THELOT, CELOT
Address: 824 S.E. 3 AVE.
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THELOT CELOT

ADM

04/15/2005

Electronic Signature of Signing Officer or Director

Date