


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90065 001 ***150.00

DOCUMENT # P00000021375 1. Entity Name HAINLIN MILL DEVELOPMENT, INC.					
Principal Place of Business 12782 SW 218 TER. MIAMI, FL 33170			Mailing Address 21601 SW 154 AVE MIAMI, FL 33170		
2. Principal Place of Business - No P.O. Box # 13221 SW 216 Terrace		3. Mailing Address 13221 SW 216 Terr			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami, FL.		City & State Miami, FL.		4. FEI Number 65-1063159	
Zip 33170		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent M.L. RIVERO & ASSOCIATES, INC. 1313 PONCE DE LEON BLVD. #300 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Peter Duarte Street Address (P.O. Box Number is Not Acceptable) 13221 SW 216 Terrace City Miami FL Zip Code 33170		
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 reinstating) DATE _____					
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	PT HUBLEY, GROVER 12782 SW 218 TERR MIAMI, FL 33170	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GROVER HUBLEY 13221 SW 216 TERR. Miami, FL. 33170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DUARTE, PETER 12782 SW 218 TERR MIAMI, FL 33170	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PETER DUARTE 13221 SW 216 TERR. Miami, FL. 33170	<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
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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 reports 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			4/18/08 _____ Date Daytime Phone #		