

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90018 023 ***150.00

DOCUMENT # P02000005959 1. Entity Name HATO VIEJO, INC.																											
Principal Place of Business 4243 N.W. 107TH AVE., STE. 226 MIAMI, FL 33178		Mailing Address 4243 N.W. 107TH AVE., STE. 226 MIAMI, FL 33178																									
2. Principal Place of Business 4095 State Road 7 Suite, Apt. #, etc. Suite L201 City & State Lake Worth, FL Zip 33467		3. Mailing Address 4095 State Road 7 Suite, Apt. #, etc. Suite L201 City & State Lake Worth, FL Zip 33467																									
4. FEI Number 01-0645883		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent JARAMILLO, DIANA 7951 SW 40TH ST STE 206 MIAMI, FL 33155		7. Name and Address of New Registered Agent Name Jaramillo, Diana Street Address (P.O. Box Number is Not Acceptable) 4095 State Road 7 Suite L201 City Lake Worth FL Zip Code 33467																									
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 <u><i>[Signature]</i></u> DATE 3/13/06 <small>Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JARAMILLO, DIANA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4243 N.W. 107TH AVE., STE. 226</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33178</td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	JARAMILLO, DIANA		STREET ADDRESS	4243 N.W. 107TH AVE., STE. 226		CITY - ST - ZIP	MIAMI, FL 33178		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Jaramillo, Diana</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4095 State Road 7, suite L201</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Lake Worth, FL 33467</td> <td></td> </tr> </table>		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Jaramillo, Diana		STREET ADDRESS	4095 State Road 7, suite L201		CITY - ST - ZIP	Lake Worth, FL 33467	
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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><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/13/06 Daytime Phone # 305 261 4251																									

50003628



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