2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2007 8:00 am Secretary of State

DOCUMENT # P03000077811 1. Entity Name HAYHAMBRE, INC.					02-22-2007 90002 036 ***150.00			
Principal Plac	co of Rusinosc	Moiling Address			⊣ ւ .			
Principal Place of Business 90800 OVERSEAS US HIGHWAY #1 MILE MARKER 90.5 TAVERNIER, FL 33070		90800 OVERSEAS US MILE MARKER 90.5	Mailing Address 90800 OVERSEAS US HIGHWAY #1 MILE MARKER 90.5 TAVERNIER, FL 33070		1 1 1 1 1 1 1 1 1 1	.		
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052007	Chg-P	CR2E034 (12/06))	
City & State		City & State			4. FEI Number 20-0098		⊢	pplied For ot Applicable
Zip	Country	Zip	Coun	itry	5. Certificate of	Status Desired	See Require	
	6. Name and Address of Current	Registered Agent		ļ	7. Name and A	Address of New R	legistered Agent	
WOLEE !	AMPENCELL			Name				
WOLFE, LAWRENCE H 2514 HOLLYWOOD BOULEVARD SUITE 508				Street Address (P.O. Box Number is Not Acceptable)				
HOLLYWOOD, FL 33020								
				City			FL Zip Cox	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing it	s register	ed o ffice or registe	ered agent, or both	, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature require	ed when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financian Trust Fund Contribution.					5.00 May Be ded to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE	D.	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	90800 OVERSEAS US HIGHWAY #1			E Et adoress -st-zip				
TITLE	D	☐ Delete	TITLE				☐ Change	
NAME	FUCARACCIO, GERMAN NAM		E			_ *	_	
STREET ADDRESS	SS 90800 OVERSEAS US HIGHWAY #1			et address				
CITY-ST-ZIP	TAVERNIER, FL 33070		CITY	- ST - ZIP				
TITLE NAME		☐ Delele	TITLE NAM!				Change	Addition
STREET ADDRESS CITY - ST - ZIP				ET ADDRESS -ST-ZIP				
							Channe	- Addition
TITLE NAME		☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY-	ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY	SI - ZiP				
THTLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS				ET ADDRESS ST-ZIP				
CITY-ST-ZIP	certify that the information supplied with	this filling does not qualify to			d in Chapter 119	Florida Statutae I	further certify that the	nformation
inerecty (with a real resident and a phologram with	and ming does not qualify it	or the exe	provis containe	aptet 113,	i ioriua Statutes, I	TOTAL OF THE PROPERTY AND A PROPERTY OF THE PR	, northanoll

I hereby certify that the information supplied with this filling 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 teport 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 syndromed.

GNATURE:

SIGNATURE SIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date