

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000082784

1. Entity Name  
H.A.F. DEVELOPMENT, INC.



Principal Place of Business  
8906 NW 194 TERR  
MIAMI, FL 33018

Mailing Address  
8906 NW 194 TERR  
MIAMI, FL 33018



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-2119173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

ARMADA, JOSE SR  
8906 NW 194 TERR  
MIAMI, FL 33018

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ARMADA, JOSE SR
STREET ADDRESS	8906 NW 194 TERR
CITY - ST - ZIP	MIAMI, FL 33018
TITLE	D
NAME	HERNANDEZ, JOSE
STREET ADDRESS	8 ANNAPOLIS DR
CITY - ST - ZIP	HAZLET, NJ 07730
TITLE	D
NAME	DE IZAGUIRRE, FERNANDO SR
STREET ADDRESS	9002 SW 40 ST
CITY - ST - ZIP	MIAMI, FL 33165
TITLE	D
NAME	ARMADA, JOSE JR
STREET ADDRESS	9116 NW 190 TERR
CITY - ST - ZIP	MIAMI, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/30/05-80017-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #