2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094564

Entity Name: HIATARI INC.

FILED May 31, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

109 N. KROME AVE. 109 N. KROME AVE.

HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 US

Current Mailing Address: New Mailing Address:

109 N. KROME AVE. 109 N. KROME AVE.

HOMESTEAD, FL 33030 US

FEI Number: 20-4959707 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BALTAZAR, RAYMUNDO

220 NE 12 AVE

77

CUESTA, AUGUSTO LL

109 N KROME AVENUE

HOMESTEAD, FL 33030 US

HOMESTEAD, FL 33030 US

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: AUGUSTO LL CUESTA 05/31/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PD (X) Change () Addition Name: ZACHRA, NURAINY Name: CUESTA, AUGUSTO LL

Address: 810 BRICKELL BAY DR #763 Address: 109 N KROME AVENUE
City-St-Zip: MIAMI, FL 33131 City-St-Zip: HOMESTEAD, FL 33030

Title: V () Delete Title: VD (X) Change () Addition

 Name:
 BAKER, PURA
 Name:
 T CUI, JOSEPHINE A

 Address:
 220 E 12 AVE #77
 Address:
 109 N KROME AVENUE

 City-St-Zip:
 HOMESTEAD, FL 33030
 City-St-Zip:
 HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUGUSTO LL CUESTA P 05/31/2006