


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90020 013 \*\*\*150.00

<b>DOCUMENT # P03000096229</b>	
1. Entity Name <b>H.A.R. PROPERTIES, CORP.</b>	

Principal Place of Business <b>218 NW 7 AVE DANIA BCH FL 33004</b>	Mailing Address <b>218 NW 7 AVE DANIA BCH FL 33004</b>
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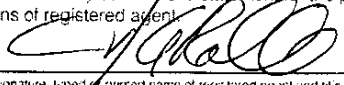
2. Principal Place of Business - No P.O. Box # <b>16101 NW 22 AVE</b>	3. Mailing Address <b>P.O. BOX</b>
Suite, Apt. #, etc. <b>A</b>	Suite, Apt. #, etc. <b>54-0202</b>
City & State <b>MIAMI GARDENS</b>	City & State <b>MIAMI GARDENS</b>
Zip <b>33054</b>	Country <b>US</b>

1st MOORE CR2E034 (10/07)

4. FEI Number <b>14-1893391</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ROLLE, H. ANTHONY 218 NW 7 AVE DANIA BCH FL 33004</b>	7. Name and Address of New Registered Agent Name <b>H. A ROLLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>16101 NW 22 AVE</b> City <b>MIAMI GARDENS</b> FL Zip Code <b>33054</b>
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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  DATE <b>4/25/08</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State.</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROLLE, H ANTHONY 218 NW 7 AVE DANIA BCH FL 33004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <b>H. ANTHONY ROLLE</b> <b>16101 NW 22 AVE</b> <b>MIAMI, FL 33054</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROLLE, ANTHONY D 217 NW 7 AVE DANIA BCH FL 33004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROLLE, LATOYA 11867 SW 7TH ST PEMBROKE PINES FL 33025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DARLING, ANNA 2241 GREEN ST HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROLLE, ANTHONY H 2241 GREENE ST HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.
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SIGNATURE: 	DATE <b>4/25/08</b> DAYTIME PHONE <b>(954) 661-0822</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	