

2005 FOR PROFIT CORPORATION ANNUAL REPORT


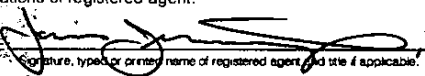
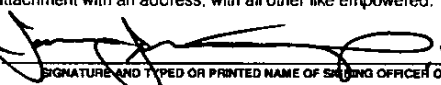
FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90341 048 ***150.00

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04142005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000101524			
1. Entity Name HAVERFORD INVESTMENTS, INC.			
Principal Place of Business 6011 NORTH BAYSHORE DRIVE SUITE 9 MIAMI, FL 33137		Mailing Address 6011 NORTH BAYSHORE DRIVE SUITE 9 MIAMI, FL 33137	
2. Principal Place of Business 2001 BISCAYNE BLVD		3. Mailing Address 2001 Biscayne Blvd.	
Suite, Apt. #, etc. #2501		Suite, Apt. #, etc. #2501	
City & State Miami, FL		City & State Miami, FL	
Zip 33137	Country USA	Zip 33137	Country USA
4. FEI Number 65-1215348		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 JENNINGS, JAMES P 2006 BISCAYNE BLVD. MIAMI, FL 33137		7. Name and Address of New Registered Agent Name JAMES P. JENNINGS Street Address (P.O. Box Number is Not Acceptable) 2001 Biscayne Blvd. #2501 City MIAMI FL Zip Code 33137	
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  JAMES JENNINGS DATE 4/14/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, JAMES P 6011 N BAYSHORE DR., #9 MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES P. JENNINGS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001 Biscayne Blvd #2501 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK, DOUGLAS K 6011 N BAYSHORE DR., #9 MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS K JACK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001 Biscayne Blvd. #2501 Miami, FL 33137
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
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
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
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 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:  JAMES JENNINGS		Date 4/14/05 305-788-8202	