


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 31, 2006 08:00 A
Secretary of State**

DOCUMENT # P03000101524	
1. Entity Name HAVERFORD INVESTMENTS, INC.	

Principal Place of Business 2001 BISCAYNE BLVD #2501 MIAMI, FL 33137	Mailing Address 2001 BISCAYNE BLVD #2501 MIAMI, FL 33137
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01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 2001 BISCAYNE BLVD MIAMI, FL 33137
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**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, 2006 Fee will be \$550.00**

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

1100000408099
02/08/06-80047-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, JAMES P 2001 BISCAYNE BLVD, #2501 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK, DOUGLAS K 2001 BISCAYNE BLVD, #2501 MIAMI, FL 33137
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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

1/20/06 305-788-8202
Date Daytime Phone #