


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90746 004 ***158.75

DOCUMENT # P03000108288		
1. Entity Name H.A.F. STUDIOS, INC.		

Principal Place of Business 13760 NORTHWEST 19 AVENUE #5 OPA LOCKA, FL 33054	Mailing Address C/O DANA L. BLACK, P.A. 1031 IVES DAIRY ROAD #228 MIAMI, FL 33179
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2. Principal Place of Business		3. Mailing Address 13760 Northwest 19 Avenue	
Suite, Apt. #, etc.		Suite #5	
City & State		City & State Opa Locka FL	
Zip	Country	Zip	Country
33054	USA	33054	USA



04132004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0286234		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent BLACK, DANA L 1031 IVES DAIRY ROAD SUITE 228 MIAMI, FL 33179		7. Name and Address of New Registered Agent Name HOWARD AUSTIN FELD Street Address (P.O. Box Number is Not Acceptable) 13760 NORTHWEST 19 AVENUE City OPA LOCKA, FL FL Zip 33054	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P FELD, HOWARD A 12680 CYPRUS ROAD NORTH MIAMI, FL 33181 <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
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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:  **HOWARD AUSTIN FELD**
PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/13/04 Daytime Phone #