

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90404 047 \*\*\*150.00

<b>DOCUMENT # P04000091223</b>																											
<b>1. Entity Name</b> HAVY GENERAL CORPORATION																											
<b>Principal Place of Business</b> 6090 W 18 AVE APT 237 HIALEAH, FL 33012			<b>Mailing Address</b> 6090 W 18 AVE APT 237 HIALEAH, FL 33012																								
<b>2. Principal Place of Business</b> 1665 W 68th St. STE 109 City & State: Hialeah FL Zip: 33014 Country: USA		<b>3. Mailing Address</b> 1665 W 68th St. STE 109 City & State: Hialeah FL Zip: 33014 Country: USA		<b>14013741</b> 																							
<b>4. FEI Number</b> 20-1260304				Applied For <input type="checkbox"/> Not Applicable																							
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																							
<b>6. Name and Address of Current Registered Agent</b> ALMEDIA, NERVA 6090 W 18 AVE APT 237 HIALEAH, FL 33012			<b>7. Name and Address of New Registered Agent</b> Name: ALMEDIA, NERVA Street Address (P.O. Box Number is Not Acceptable): 1665 W 68th St STE 109 City: Hialeah FL Zip Code: 33014																								
<b>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.</b> SIGNATURE:  DATE: 2/16/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																							
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																								
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<b>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.</b>																											
<b>SIGNATURE:</b>			DATE: 2/16/05 305-335-2742																								
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											