2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 10, 2006 8:00 am Secretary of State DOCUMENT # P04000091223 04-10-2006 90305 023 ***150.00 HAVY GENERAL CORPORATION Principal Place of Business Mailing Address 1665 W 68TH ST 1665 W 687H ST **ԲՍՈՏ**4*P*40 **STE 109** STE-109-HIALEAH, FL_33014 HIALEAH, FL 33014 2. Principal Place of Business 3. Mailing Address 0090 6090 W 18 Ave Suite, Apt. #, etc. Suite, Apt. #, etc. 03172006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For alean ALDAM 20-1260304 Country 1154 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Ayent 7. Hame and Address of New Registered Agent meida ALMEDIA, NERVA 1665 W 68TH ST STE 1019 HIALEAH, FL 33014 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PS TITLE منمت TITLE 🔽 Change ☐ Addition ALMAIDA, NERVA NAME Almeida, Nerva NAME 6090 WIS AVE #237 STREET ADDRESS 1665 W 68TH ST. STE 109 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33014 CITY - ST - ZIP HALLAH FL 33012 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY+ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 export is the 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 an powered 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 addition, with all other like empowered.

NO TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED