

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90031 018 ***158.75

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000000923			
1. Entity Name HAINES FOOD BAZAAR CORP.			
Principal Place of Business 1703 EAST HINSON AVENUE HAINES CITY, FL 33844 US		Mailing Address 1703 EAST HINSON AVENUE HAINES CITY, FL 33844 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2098092		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DIAZ, RAFAEL J 1703 EAST HINSON AVENUE HAINES CITY, FL 33844		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 renewing) 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Delete NAME DIAZ, RAFAEL J STREET ADDRESS 43 HUMMINGBIRD DRIVE CITY-ST-ZIP ROSLYN, NY 11576		TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME DIAZ, FRANCISCO STREET ADDRESS 7 TAPPENTOWN LANE CITY-ST-ZIP BROOKVILLE, NY 11545		TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Add NAME STREET ADDRESS 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 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Rafael Diaz</i>		4/20/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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