2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90059 036 ***150.00

DOCUMENT # P05000098348

1. Entity Name
LORETTA HAINES, INC.

Principal Place of Business	Mailing Address
2101 WEST COMMERCIAL BLVD. SUITE 2800 FORT LAUDERDALE, FL 33309	2101 WEST COMMERCIAL BLVD. SUITE 2800 FORT LAUDERDALE, FL 33309

03282008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1170 HILLSBORO MILE		1170 HILLSBORO MILE	
Suite, Apt. #, etc. #303		Suite, Apt. #, etc. #303	
City & State HILLSBORO BEACH, FL		City & State HILLSBORO BEACH, FL	
Zip 33062	Country USA	Zip 33062	Country USA

4. FEI Number 20-3150310 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FORMAN, ROBERT S
2101 W. COMMERCIAL BLVD
SUITE 2800
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name LORETTA HAINES
Street Address (P.O. Box Number is Not Acceptable) 1170 HILLSBORO MILE
#303
City HILLSBORO BEACH FL Zip Code 33062

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 X Loretta Haines 4/8/08
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, 2008 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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HAINES, LORETTA		NAME		
STREET ADDRESS	2101 WEST COMMERCIAL BLVD., SUITE 2800		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ 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 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: X Loretta Haines LORETTA HAINES, PRESIDENT 4/8/08 954-540-8943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #