

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90038 044 \*\*\*150.00

<b>DOCUMENT # P05000098882</b> 1. Entity Name <b>HART MARKETING COMMUNICATIONS, INC.</b>					
Principal Place of Business <b>1717 NORTH BAYSHORE DR., STE. 3437 MIAMI, FL 33132</b>			Mailing Address <b>1717 NORTH BAYSHORE DR., STE. 3437 MIAMI, FL 33132</b>		
2. Principal Place of Business <b>1025 ALMERIA AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1025 ALMERIA AVENUE</b> Suite, Apt. #, etc.			
City & State <b>CORAL GABLES, FL.</b>		City & State <b>CORAL GABLES, FL. 33134</b>		4. FCI Number <b>20-3214084</b>	
Zip <b>33134</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HART, YOLANDA 1717 NORTH BAYSHORE DR., STE. 3437 MIAMI, FL 33132</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1025 ALMERIA AVENUE</b> <b>CORAL GABLES, FL. 33134</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HART, YOLANDA 1717 NORTH BAYSHORE DR., STE. 3437 MIAMI, FL 33132 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1025 ALMERIA AVENUE CORAL GABLES, FL. 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HART, JACQUES 1717 NORTH BAYSHORE DR., STE. 3437 MIAMI, FL 33132 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1025 ALMERIA AVENUE CORAL GABLES, FL. 33134	
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	
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	
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	
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 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			1/31/06 305 586 0419		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		