


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90195 030 ***150.00

DOCUMENT # P05000098882		
1. Entity Name HART MARKETING COMMUNICATIONS, INC.		

40085853

Principal Place of Business 1025 ALMERIA AVE CORAL SPRINGS, FL 33132	Mailing Address 1025 ALMERIA AVE CORAL SPRINGS, FL 33132
--	--



2. Principal Place of Business - No P.O. Box # 3375 SW 72ct	3. Mailing Address 3375 SW 72ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04232007 Chg-P CR2E034 (12/06)

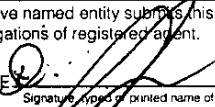
City & State Miami FL	City & State Miami FL
Zip 33132	Country USA
Zip 33132	Country USA

4. FEI Number 20-3214084	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

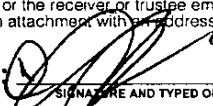
6. Name and Address of Current Registered Agent HART, YOLANDA 1025 ALMERIA AVE CORAL SPRINGS, FL 33134	
---	--

7. Name and Address of New Registered Agent Name YOLANDA BALIDO Street Address (P.O. Box Number is Not Acceptable) 3375 SW 72ct. City Miami FL Zip Code 33132	
---	--

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 	YOLANDA BALIDO 4/18/07.
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HART, YOLANDA 1025 ALMERIA AVE CORAL SPRINGS, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/DIRECTOR. BALIDO, YOLANDA 3375 SW 72CT. Miami FL 33132. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HART, JACQUES 1025 ALMERIA AVE CORAL SPRINGS, FL 33134 <input checked="" 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
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: 	YOLANDA BALIDO 4/18/07 305 586-0419.
Signature and typed or printed name of signing officer or director Date Daytime Phone #	