

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90024 043 \*\*\*150.00

<b>DOCUMENT # P07000002557</b> 1. Entity Name <b>H.A.V. SNACKS, INC.</b>					
Principal Place of Business <b>12196 W. SAMPLE RD. CORAL SPRINGS, FL 33065</b>			Mailing Address <b>12196 W. SAMPLE RD. CORAL SPRINGS, FL 33065</b>		
2. Principal Place of Business - No P.O. Box # <b>2182 N.W. 18TH AVE</b>		3. Mailing Address <b>P.O. BOX 772452</b>			
Suite, Apt. #, etc. <b>BAYS 1-2</b>		Suite, Apt. #, etc. 			
City & State <b>POMPAN0 BEACH, FL</b>		City & State <b>CORAL SPRINGS, FL</b>		4. FEI Number <b>16-1781497</b>	
Zip <b>33059</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>WALSH, GERALD V. 9500 NW 37 CT. CORAL SPRINGS, FL 33065</b>		7. Name and Address of New Registered Agent Name <b>HEIDI S. BAKALAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>10860 S.W. 121 COURT</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33071</b>			
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 <u><i>Heidi Bakalar, president</i></u> <b>HEIDI BAKALAR</b> DATE <u><b>3/27/08</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKALAR, HEIDI S. <input type="checkbox"/> Delete 12196 W. SAMPLE RD. CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HEIDI S. BAKALAR P.O. BOX 772452 CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input type="checkbox"/> Delete BAKALAR, VAL 12196 W. SAMPLE RD. CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VAL BAKALAR P.O. BOX 772452 CORAL SPRINGS, FL 33065	
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: <u><i>Heidi Bakalar, president</i></u> <b>HEIDI BAKALAR</b> <u><b>3/27/08</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					