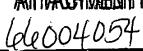
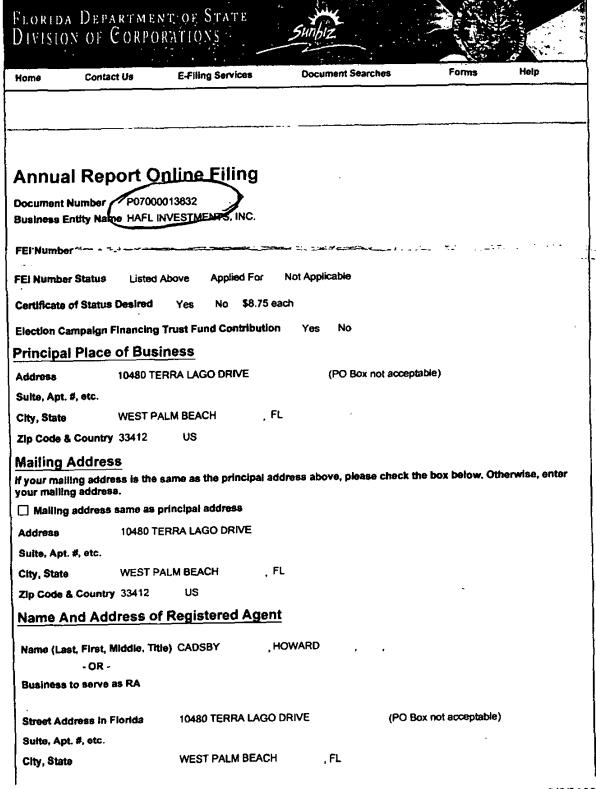
# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

# FILED Mar 17, 2008 8:00 am Secretary of State 02-27-2008 90004 020 \*\*\*150.00

DOCUMENT # P07000013632  1. Entity Name HAFL INVESTMENTS, INC.					-1"			
Principal Place of Business Mailing Address								
10480 TERRA LAGO DRIVE 10480 TERRA LAGO DRIVE WEST PALM BEACH, FL 33412 US WEST PALM BEACH, FL 33412			2 US	6	6004054	1 20101 H150 1	181 <b>0 A</b> MEN (1110 A	PERPI II (RDI
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt, #, etc.	uite, Apt. #, etc.		02182008	Chg-P	CR2E	34 (12/06)	ı
City & State City & State		State		4. FEI Numb	er			pplied For tot Applicable
Zip Country	Zip Coun		ntry	5. Certificate	\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			Nama	7. Name and	Address of New R	eğistered .	Agent -	
CADSBY, HOWARD 10480 TERRA LAGO DRIVE WEST PALM BEACH, FL 33412			Name Street Address (P.O. Box Number is Not Acceptable)					
		City	<del></del>		FL	Zip Cod	te · et	
The above named entity submits this statement to the obligations of registered agent.	r the purpose of changing its	registere	Led affice or register	red egent, or bo	th, in the State of Flo		lamiliar with	. and accept
SIGNATURE Signature, typed or printed name of registered agent and bits of applicable. (NOTE Registere			d Agent signature required	d when rainstaling)	-	DATE		
FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$950.	9. Election Campai Trust Fund Cont		+	.00 May Be led to Fees	:			<u>-</u>
10. OFFICERS, AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
inte P	☐ Delete	HIL	·				Change	☐ Addition
NAME CADSBY, HOWARD NAME STREET ADDRESS 10480 TERRA LAGA DRIVE STREE		ET ADORESS		•				
			- SI-ZIP					
TIBLE	☐ Delete	THE					Change	Addition
NAME STREET ADDRESS		NAM	E E1 adoress					ĺ
CITY-ST-ZIP			-ST-ZIP					1
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TITLE	☐ Delate	TITLE					☐ Change	Addition
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	□ Desite	NAME	E					I
STREET ADORESS	□ Desis	STREE	ET ADDRESS					
CITY-SI-7IP		STRE	ET ADDRESS - ST-ZIP	lia Ohn-i 110	Clarida Contrar 1	husban == +	ih. that the	-1
	this filling does not qualify to true and accurate and that n wered to execute this report	ony of the exempt signates required	ET ADDRESS -ST-ZIP emptions contained ture shall have the s	same legal effec	t as if made under o	eth; that I e	m an officer	or director





www.sunbiz.org - Department of State

AATTACHIVENT

Page 2 of 4

Zip Code & Country

33412

US

# P07000013632

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the Individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

#### Officer/Director Name And Address

## Name And Address #1

Title

ρ

Name (Last, First, Middle, Title)

**CADSBY** 

HOWARD

Entity Name to serve as Officer/Director

Street Address

10480 TERRA LAGA DRIVE

City, State

WEST PALM BEACH

, FL

Zip Code & Country

33412

US

#### Name And Address #2

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

#### Name And Address #3

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

66004054 # P07000013632

Name And Address #4

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zlp Code & Country

#### Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

## Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

ZIp Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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