



**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90004 020 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P07000013632</b>			
1. Entity Name <b>HAFL INVESTMENTS, INC.</b>			
Principal Place of Business <b>10480 TERRA LAGO DRIVE WEST PALM BEACH, FL 33412 US</b>		Mailing Address <b>10480 TERRA LAGO DRIVE WEST PALM BEACH, FL 33412 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number	
		Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CADSBY, HOWARD 10480 TERRA LAGO DRIVE WEST PALM BEACH, FL 33412</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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, 2008 Fee will be \$350.00</b>		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	P CADSBY, HOWARD 10480 TERRA LAGO DRIVE WEST PALM BEACH, FL 33412 <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
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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: 		Date: <b>Feb 24 / 08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

66004054

FLORIDA DEPARTMENT OF STATE  
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Document Number P07000013832

Business Entity Name HAFL INVESTMENTS, INC.

FEI Number

FEI Number Status    Listed Above    Applied For    Not Applicable

Certificate of Status Desired    Yes    No    \$8.75 each

Election Campaign Financing Trust Fund Contribution    Yes    No

**Principal Place of Business**

Address    10480 TERRA LAGO DRIVE    (PO Box not acceptable)

Suite, Apt. #, etc.

City, State    WEST PALM BEACH    , FL

Zip Code &amp; Country    33412    US

**Mailing Address**

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☐ Mailing address same as principal address

Address    10480 TERRA LAGO DRIVE

Suite, Apt. #, etc.

City, State    WEST PALM BEACH    , FL

Zip Code &amp; Country    33412    US

**Name And Address of Registered Agent**

Name (Last, First, Middle, Title) CADSBY    , HOWARD

- OR -

Business to serve as RA

Street Address in Florida    10480 TERRA LAGO DRIVE    (PO Box not acceptable)

Suite, Apt. #, etc.

City, State    WEST PALM BEACH    , FL

ATTACHMENT

Zip Code &amp; Country

33412

US

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# 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.831.08, Florida Statutes.

**Officer/Director Name And Address****Name And Address #1**

Title

P

Name (Last, First, Middle, Title)

CADSBY

HOWARD

- OR -

Entity Name to serve as Officer/Director

Street Address

10480 TERRA LAGA DRIVE

City, State

WEST PALM BEACH

, FL

Zip Code &amp; 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 &amp; 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 &amp; Country

ATTACHMENT  
ATTACHMENT

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**Name And Address #4**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip 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.

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