

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000070038**

1. Entity Name  
**HAVEN 701, INC.**



Principal Place of Business  
**10598 N.W. RIVER DR.  
MEDLEY, FL 33178**

Mailing Address  
**10598 N.W. RIVER DR.  
MEDLEY, FL 33178**

**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0450480**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**AIBEL, HAROLD  
10598 N.W. SO RIVER DR.  
MEDLEY, FL 33178**

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**600000052819  
02/16/04-80105-009 155.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DPS  
AIBEL, HAROLD  
10598 N.W. SO RIVER DR.  
MEDLEY, FL 33178**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
AIBEL, ELEANOR  
10598 N.W. RIVER DR.  
MEDLEY, FL 33178**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Harold Aibel HAROLD AIBEL 2/12/04 305 883 1820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #