

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90028 038 ***150.00

DOCUMENT # P96000067610

1. Entity Name
HAVEN INVESTMENTS, INC.



Principal Place of Business
**16105 NE 18 AVE.
N. MIAMI BEACH, FL 33162**

Mailing Address
**16105 NE 18 AVE.
N. MIAMI BEACH, FL 33162**

50056413

2. Principal Place of Business
8614 W. ST. RD 84
Suite, Apt. #, etc.

3. Mailing Address
8614 W. ST. RD 84
Suite, Apt. #, etc.



07132005 Chg-P CR2E034 (10/03)

City & State
DAVIE, FL
Zip **33324** Country

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Zip **33324** Country

4. FEI Number
65-0699986
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLMAN, HARRIS
16105 NE 18 AVE
NO MIAMI BEACH, FL 33162**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8614 W. STATE ROAD 84
City **DAVIE** FL Zip Code **33324**

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  **HARRIS M. MILLMAN, PRES.** **7-14-05**
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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
MILLMAN, HARRIS M.
16105 NE 18 AVE
NO MIAMI BEACH, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRIS M. MILLMAN, PRES.

Date

Daytime Phone #

7-14-05 305 992-6445