


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90038 037 ***150.00

DOCUMENT # P96000067610 1. Entity Name HAVEN INVESTMENTS, INC.			
Principal Place of Business 8612 W. ST RD. 84 DAVIE, FL 33324		Mailing Address 8614 ST RD 84 DAVIE, FL 33324	
2. Principal Place of Business - No P.O. Box # 16105 NE 18 AVE Suite, Apt. #, etc.		3. Mailing Address 16105 NE 18 AVE Suite, Apt. #, etc.	
City & State N. MIAMI BEACH, FL Zip 33162 Country USA		City & State N. MIAMI BEACH, FL Zip 33162 Country USA	
4. FEI Number 65-0699986		Applied For <input 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 MILLMAN, HARRIS 8614 W STATE ROAD 84 DAVIE, FL 33324		7. Name and Address of New Registered Agent Name HARRIS MILLMAN (SAME) Street Address (P.O. Box Number is Not Acceptable) 16105 NE 18 AVE (NEW) City N. MIAMI BEACH, FL Zip Code 33162	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/11/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	PSTD MILLMAN, HARRIS M. 16105 NE 18 AVE NO MIAMI BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/11/08 305-992-6445 <small>Date Daytime Phone #</small>	