
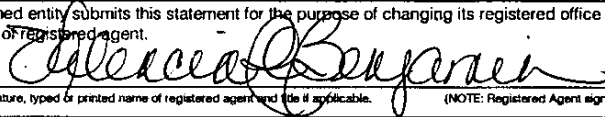
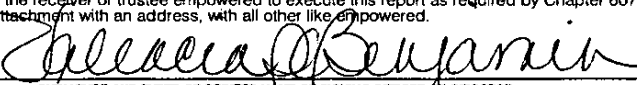


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90082 033 ***158.75

| | | | | | |
|--|---|---------|--|--|--|
| DOCUMENT # P98000013669 1. Entity Name HART INT'L SERVICES, INC. | | | |  | |
| Principal Place of Business 19810 SW 118TH PL MIAMI, FL 33177 | | | Mailing Address 19810 SW 118TH PL MIAMI, FL 33177 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-0812422 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BENJAMIN, AUSTIN E 19810 SW 118TH PL MIAMI, FL 33177 | | | | 7. Name and Address of New Registered Agent Name Valencia I. Benjamin Street Address (P.O. Box Number is Not Acceptable) 19810 SW 118 place City miami FL 33177 | |
| 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  11-15-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | VD BENJAMIN, AUSTIN E <input checked="" type="checkbox"/> Delete 19810 SW 118TH PL MIAMI, FL 33186 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Benjamin, Gloria <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19810 SW 118 place miami, FL 33177 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BENJAMIN, GLORIA <input type="checkbox"/> Delete 19810 SW 118TH PL MIAMI, FL 33186 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BENJAMIN, VALENCIA <input type="checkbox"/> Delete 6110 NW 29 ST GAINESVILLE, FL 32652 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BENJAMIN, YVETTE I <input type="checkbox"/> Delete 4369 PORT LANE POWDER SPRINGS, GA 30127 | | 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 | |
| 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:  | | | 11-15-05 Date | | |

305-971-8204