2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 09, 2008 8:00 am
Secretary of State
04-30-2008 90153 001 ***158.75

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1. Entity Name
HART INT'L SERVICES, INC.

Principal Place of Business	Mailing Address
19810 SW 118TH PL MIAMI, FL 33177	~~19810 SW 118TH PL~~ P.O. Box 570694 ~~MIAMI, FL 33177~~ Miami FL 33257

02092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0812422
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENJAMIN, VALENCIA I
3465 N.W. 50TH AVE.
GAINESVILLE, FL 32605

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	SP
NAME	BENJAMIN, GLORIA
STREET ADDRESS	19810 SW 118TH PL
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	VP
NAME	BENJAMIN, AUSTIN E
STREET ADDRESS	19810 SW 118TH PL
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	P
NAME	BENJAMIN, VALENCIA
STREET ADDRESS	3465 NW 50TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 33605
TITLE	TD
NAME	BENJAMIN, YVETTE I
STREET ADDRESS	4369 PORT LANE
CITY-ST-ZIP	POWDER SPRINGS, GA 30127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] V.P 6-2-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #