


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000022202
 1. Entity Name
HADAR CORPORATION



Principal Place of Business: **17221 NE 11TH AVE N MIAMI BEACH FL 33162**
 Mailing Address: **17221 NE 11TH AVE N MIAMI BEACH FL 33162**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
SIAMA, ISHAK
17221 NE 11TH AVE
N MIAMI BEACH FL 33162

4. FEI Number **65-0902013**
 Applied For: Not Applicable

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: SIAMA, ISHAK STREET ADDRESS: 17221 NE 11TH AVE CITY-ST-ZIP: N MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE: VP NAME: SIAMA, RACHEL STREET ADDRESS: 17221 NE 11TH AVE CITY-ST-ZIP: N MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE: S NAME: SIAMA, HAIM STREET ADDRESS: 2440 NE 200 ST CITY-ST-ZIP: N MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE: T NAME: SELA, AVIVA STREET ADDRESS: 3835 SW 53 CT CITY-ST-ZIP: FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE: D NAME: SIAMA, DROR STREET ADDRESS: 3500 NE 191ST APT 1507 CITY-ST-ZIP: MIAMI FL 33180	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ishak Siama Date: 2/18/04 Daytime Phone #: 305-653-2958