

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 03, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # S05339**

1. Entity Name  
**HALOR CORP.**



Principal Place of Business

**STE 204  
1 WEST SAMPLE ROAD  
POMPAÑO BEACH, FL 33064 US**

Mailing Address

**STE 204  
1 WEST SAMPLE ROAD  
POMPAÑO BEACH, FL 33064 US**



04302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0225955</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ALTSCHULER, HAROLD  
ONE WEST SAMPLE ROAD  
STE 204  
POMPAÑO BEACH, FL 33064**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ALTSCHULER, HAROLD
STREET ADDRESS	1 WEST SAMPLE RD, SUITE 204
CITY-ST-ZIP	POMPAÑO BEACH, FL

TITLE	VSD
NAME	ALTSCHULER, LORRAINE
STREET ADDRESS	1 WEST SAMPLE ROAD, SUITE 204
CITY-ST-ZIP	POMPAÑO BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/05-80069-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

4/30/05