

DOCUMENT # 501000

1. Entity Name

HEARING AID TECHNOLOGY ASSOCIATES, INC.



FILED
Jan 26, 2007 08:00 AM
Secretary of State



Principal Place of Business
 6626 W ATLANTIC AVE
 DELRAY BEACH FL 33446
 US

Mailing Address
 6626 W ATLANTIC AVE
 DELRAY BEACH FL 33446
 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0268865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADDONIZIO, CHARLES A.
 2658 S.E. ERICKSON DRIVE
 PORT SAINT LUCIE FL 34952

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME ADDONIZIO, CHARLES A. ☐ Delete
 STREET ADDRESS 2658 SE ERICKSON DR
 CITY-STATE-ZIP PT ST LUCIE FL 34952

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 000000604947
 01/30/07-80016-018 150.00

TITLE S
 NAME ADDONIZIO, ADELINE D ☐ Delete
 STREET ADDRESS 2658 SE ERICKSON DR
 CITY-STATE-ZIP PORT SAINT LUCIE FL 34952

TITLE ☐ Change ☐ Addition
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 CITY-STATE-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charles Addonizio
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-07

561-486-3044