


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90051 001 *1,861.25


DOCUMENT # M26255
 1. Entity Name
HAH ENTERPRISES, INC.



Principal Place of Business 401 N.W. 38TH COURT, (ZIP 33126) P. O. BOX 350940 MIAMI, FL 33135	Mailing Address 401 N.W. 38TH COURT, (ZIP 33126) P. O. BOX 350940 MIAMI, FL 33135
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DO NOT WRITE IN THIS SPACE

66404078



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2637223	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAVENICK, FRED
 401 N.W. 38TH COURT
 MIAMI, FL 33126

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECHT, FLORENCE 401 NW 38TH CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMDUR, ISABELLE 401 NW 38TH CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAVENICK, BARBARA 401 NW 38TH CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPE HAVENICK, FRED 401 NW 38TH CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Fred Havenick* **2/16/04** **305-649-3900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Fred Havenick