

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90011 011 ***150.00

DOCUMENT # 547637	
1. Entity Name HYE INVESTMENTS, INC.	

Principal Place of Business 479 SUNSET DR HALLANDALE, FL 33009 US	Mailing Address C/O MELANIE MISSIRLIAN 479 SUNSET DRIVE HALLANDALE, FL 33009-6539
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2. Principal Place of Business 7733 WOOD DUCK DR Suite, Apt. #, etc.	3. Mailing Address 7733 WOOD DUCK DR Suite, Apt. #, etc.
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City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33434	Country USA
Zip 33434	Country USA

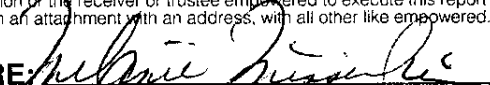
07162004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-1768929	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MISSIRLIAN, MELANIE 479 SUNSET DRIVE HALLANDALE, FL 33009-6539	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7733 WOOD DUCK DR City BOCA RATON FL Zip Code 33434
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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 _____ Signature, typed or printed name of registered agent and title if applicable.	DATE _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST MISSIRLIAN, MELANIE 479 SUNSET DRIVE HALLANDALE, FL 330096539 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7733 WOOD DUCK DR BOCA RATON FL 33434 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 8-26-04 Daytime Phone #: 305 4989267