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	Mailing Address
479 SUNSET DR HALLANDALE, FL 33009 US	C/O MELANIE MISSIRLIAN 479 SUNSET DRIVE HALLANDALE, FL 33009-6539

07162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7733 WOOD DUCK DR	7733 WOOD DUCK DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33434 Country: USA	Zip: 33434 Country: USA

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

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 reinstating) DATE

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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDST ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MISSIRLIAN, MELANIE	NAME	
STREET ADDRESS	479 SUNSET DRIVE	STREET ADDRESS	7733 WOOD DUCK DR
CITY-ST-ZIP	HALLANDALE, FL 330096539	CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Melanie Missirlian 8-26-04 305 4989267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #