2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93859

1. Entity Name

H H REALTY INVESTORS, INC.



Principal Place of Business

2295 CORPORATE BLVD. N.W.

STE. 222 BOCA RATON, FL 33431 Mailing Address

2295 CORPORATE BLVD. N.W.

STE. 222

DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33431

FILED Mar 29, 2005 8:00 am Secretary of State

03-29-2005 90117 002 *3,333.75 03-29-2005 90117 004 ***476.25

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No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2212877

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRICK, NORTON 2295 CORPORATE BLVD. N.W. STE. 222 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

			:			
	named entity submits this statement for the pions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or both, in	the State of Florida. I am familie	ir with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent skonetur	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			 .	
10.	OFFICERS AND DIREC	CTORS	. ,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HERRICK, NORTON 2295 CORPORATE BLVD NW BOCA RATON, FL 33431			,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASD HERRICK, HOWARD 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VASD HERRICK, MICHAEL 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927			DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRICK, EVAN 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927			IN T	HIS SPACE	*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KERMALLI, NISAR 5 RIDGEDALE AAVE SUITE 370 CEDAR KNOLLS, NJ 07927					
TITLE NAME	#				•	

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 attasfirment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22

Daytime Phone #