


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H92714**  
 1. Entity Name  
**HI FLA, INC.**



Principal Place of Business      Mailing Address  
**1068 W. FLAGLER STREET**      **1068 W. FLAGLER STREET**  
**MIAMI, FL 33130**                      **MIAMI, FL 33130**

**DO NOT WRITE IN THIS SPACE**



03032004      No Chg-P      CR2E034 (10/03)

4. FEI Number <b>59-2625930</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**TACHER, SALVADOR**  
**1068 W. FLAGLER STREET**  
**MIAMI, FL 33130**

**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	DP TACHER, SALVADOR 11640 CANAL DR NORTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAFAEL, MAYA 3640 YACHT CLUB DR APT 807 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUNA, ALBALAH 3600 YACHT CLUB DRIVE APT 201 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

20040409 0855  
 34-09-04-80035-021 150.00

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:** Salvador Tacher      4/5/04      305 324-8177  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      /Date      Daytime Phone #