


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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



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

Mailing Address
 1068 W. FLAGLER STREET
 MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-2625930 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TACHER, SALVADOR
 1068 W. FLAGLER STREET
 MIAMI, FL 33130

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

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

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 02/02/06-80009-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Luna Albalan 1/21/06 305 324-8177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #