2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90032 035 ***150.00

DOCUMENT # P02000079123

1. Entity Name
613 HLE CORPORATION

Principal Place of Business	Mailing Address
C/O CHRISTOPHER W. BOYETT, ESQ 701 BRICKELL AVE STE 3000 MIAMI, FL 33131	C/O CHRISTOPHER W. BOYETT, ESQ 701 BRICKELL AVE STE 3000 MIAMI, FL 33131

01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0708541
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE STE 3000
MIAMI, FL 33131

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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 reinstating)

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	P
NAME	ESTRIN, HOWARD
STREET ADDRESS	C/O 701 BRICKELL AVE. #3000
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	V
NAME	ESTRIN, LILIAN
STREET ADDRESS	C/O 701 BRICKELL AVE. #3000
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	ESTRIN, LILIAN
STREET ADDRESS	C/O 701 BRICKELL AVE. #3000
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	T
NAME	ESTRIN, HOWARD
STREET ADDRESS	C/O 701 BRICKELL AVE. #3000
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	ESTRIN, HOWARD
STREET ADDRESS	C/O 701 BRICKELL AVE. #3000
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Daytime Phone #