

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



DOCUMENT # P02000089933					
1. Entity Name HR ALAN DESIGN SERVICES, INC					
Principal Place of Business 17880 S.W. 168TH STREET MIAMI, FL 33187			Mailing Address 17880 S.W. 168TH STREET MIAMI, FL 33187		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-2373380	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUEZ, HAMED 17880 S.W. 168TH STREET MIAMI, FL 33187			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, HAMED		NAME	800042355628 11/01/04--01060--025 **150.00	
STREET ADDRESS	17880 S.W. 168TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33187		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARIA E		NAME		
STREET ADDRESS	17880 S.W. 168TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33187		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: _____			Date: 10/22/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

October 27, 2004

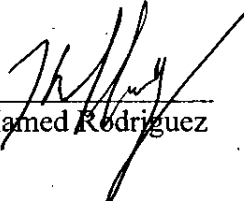
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: HR Alan Design Services, Inc.
P02000089933
Reinstatement

To Whom It May Concern:

Enclosed find check for \$150.00 to pay for the 2004 Annual Report. We never received the original notice. This was the first notice that we received.

Sincerely,



Hamed Rodriguez