

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055716

FILED
Jun 09, 2008
Secretary of State

Entity Name: HINES & HINES INVESTIGATIONS, INC.

Current Principal Place of Business:

8202 WILES ROAD #133
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

8202 WILES ROAD #133
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 22-3963907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HINES, MATTHEW S
Address: 8202 WILES ROAD #133
City-St-Zip: CORAL SPRINGS, FL 33067

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HINES, MATTHEW S
Address: 8202 WILES ROAD #133
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP () Change (X) Addition
Name: NAVARRO, DAVID
Address: 8202 WILES ROAD, #133
City-St-Zip: CORAL SPRINGS, FL 33067

Title: TVP () Change (X) Addition
Name: BRANZER, ANTON
Address: 8202 WILES ROAD #133
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MSH

PRES

06/09/2008

Electronic Signature of Signing Officer or Director

Date